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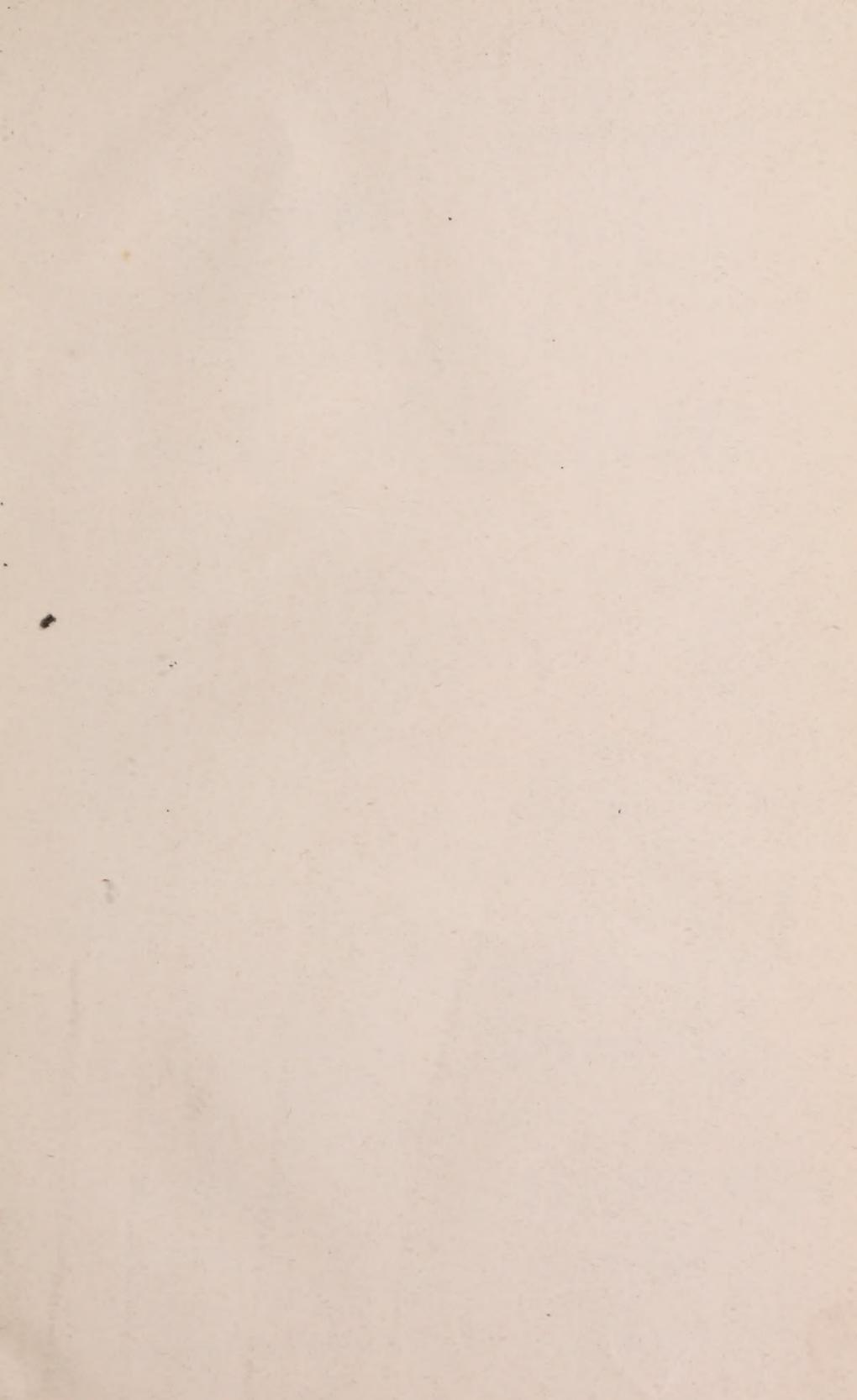
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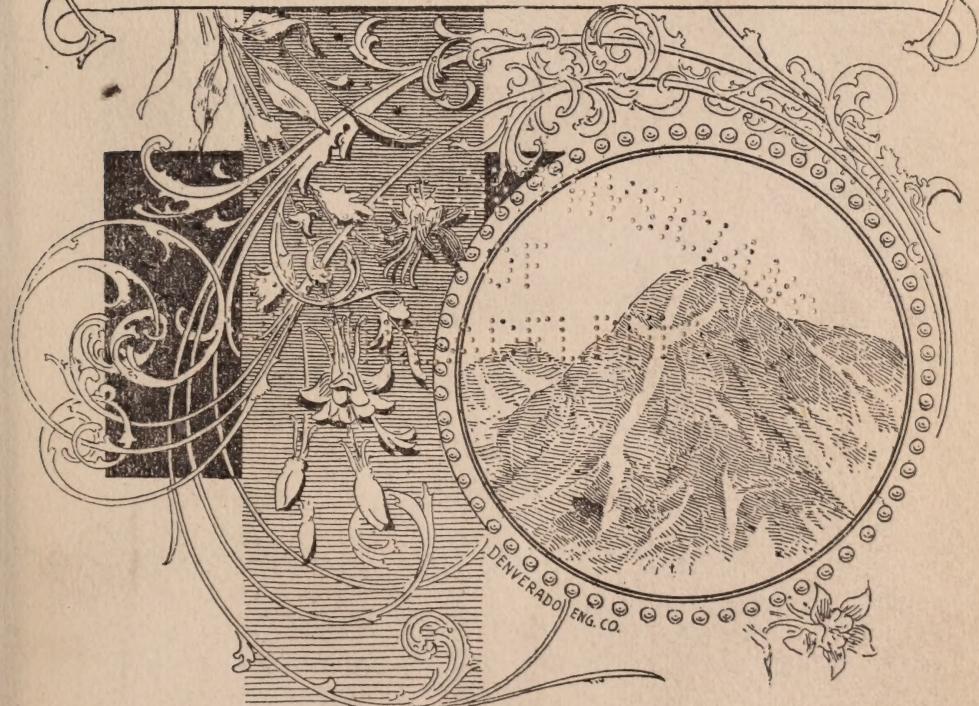
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THE CRITIQUE.

VOL. VI.

DENVER, COLO., JANUARY 15, 1899.

No. 1.

Medical Control.

By Benjamin F. Bailey, M. D., President of the American Institute
of Homeopathy.

UNTIL within a few years it has been easy for a body of men to organize and obtain a charter for the establishment of a medical college. This charter has usually conferred the right to grant the degree of M. D., and there have been very few limitations. There has been attached to the possession of a diploma, and the consequent degree of M. D., a certain prestige or respectability which has been sought for, and without which a man has hardly been, in the eyes of the public, in good and regular standing. On the other hand, in these days of the past, the degree has been so easily secured that the honor has been very largely imaginary, and the standing or success of a man has been competitive, or a survival of the fittest. Until the recent examining boards and registration laws, most states have been without a legal penalty. The time came, however, when the growth of the mushroom medical man and the traveling quack was so great that it became necessary, in the interest of the public as well as of the profession, that some method should be found to prevent the necessary competition of educated men with ignorant and unscrupulous quacks, as well as a protection of the public from ignorant pretenders.

The first methods attempted were, with or without penalty, laws of registration. These laws of registration, in their early simplicity, demanded the registration of the diploma with either county or town clerks. Their inefficiency was so marked and

notable that the profession soon began to seek for a more stringent statute. The reason for this was not necessarily the inefficiency of a registration law, but rather of these particular registration laws. About this time, however, all registration laws were swept aside because of the imperfection of those that had been in use, and the examining board laws became the most sought-for remedy of the profession. At the present time the following states have examining boards demanding the examination of all practitioners: Alabama, Arizona, Delaware, District of Columbia, Florida, Georgia, Idaho, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin; and the following states and territories examine only non-graduate applicants: Arkansas, California, Colorado, Illinois, Indiana, Iowa, Missouri, New Mexico, Oklahoma. Of these states, probably New York has the most stringent law, and looks upon the rest as belonging to the class of illiterate in the medical profession.

Notwithstanding this, I clip from the *New York Herald*, of November 12, 1898, these advertisements, which are simply a few selected from many:

"ATTENTION.—Old Dr. Grindle, graduate University of the City of New York, Medical Department, 35 years a specialist in diseases of men. Old Dr. Grindle has been longer established and has had more experience than any other advertising physician. City papers prove this. * * * Sufferers, do not waste time visiting less skilful physicians. Remember Old Dr. Grindle never fails."

"AFFLICTED.—Old Dr. Gray, 45 years specialist in diseases of men only. Quickest permanent cure guaranteed in all diseases. * * * Be wise. Consult the only old specialist in this city. Superior treatment and advice free. Medicine only 50 cents. No charge unless cured."

"Dr. and Mrs. Simpson, the leading specialists of New York.

Successfully treat all female complaints. * * * Treatment guaranteed. Free confidential advice."

I might quote many other advertisements of the New York papers, but these are enough to show that the laws of New York State do not protect.

In Connecticut there is a provision that reads:

"But this act shall not apply to dentists, while practicing dentistry only, * * * nor to any actual resident of this state recommending by advertisement or otherwise the use of proprietary remedies sold under trade marks issued by the United States government, nor to any chiropodist or clairvoyant who does not use in his practice any drug or medicine or poison, nor to any person practicing with massage method, or Swedish movement cure, Sun cure, Mind cure, Magnetic Healing, or Christian Science, nor to any other person who does not use or prescribe in his treatment of mankind drugs, poisons, medicine, chemicals or nostrums."

It is hard to imagine a more ludicrous law, or to find anything of importance from which it protects the public.

The following states have a registration law: Kansas, registration with the county clerk, with a simple statement that applicant has graduated with the degree of M. D. after two courses of lectures; Kentucky, registration with county clerk; Michigan, registration with county clerk; Nebraska, registration with State Board of Health, the degree to have been obtained from a legally qualified medical college, the statute defining what a legally qualified medical college is, and allowing for a refusal of the Board to grant certificates where, though the person may possess a degree, he has been guilty of a misdemeanor, and for a revocation of certificate for the same cause. These certificates must be recorded with the county clerk in the county in which the applicant proposes to practice; Nevada, registration with county clerk; Ohio, registration with the State Board of Registration, a law similar to that of Nebraska; South Dakota, registration with State Board; Vermont has probably the worst law in the Union, registrations with the censors of State societies; Wyoming, registration with the register of deeds.

This is a resumé of the medical laws as they at present stand.

There are three questions which arise: First, Are these laws for the honest and unselfish protection of the people, or are they for the somewhat selfish protection of the profession, designed to enable the profession to become something of a close corporation; second, Are these laws efficacious; third, Will they stand the test of law; fourth, If in any of the previous three points these laws are lacking, in what may they be corrected?

I regret to say that in the minds of the people there is a lingering suspicion, and I fear sometimes well grounded, that the profession is more anxious to protect itself from competition than the people from imposition. They may well assume this so long as we are satisfied with laws which allow young men, and at this day women too, to spend from two to four years, and a good deal of hard-earned money in securing a degree which shall be useless to them after it is obtained. We should rise above this and remember that at the same time we are to protect ourselves and the public, we have also a duty towards those who would prosecute the study of medicine; for in many cases they err from ignorance or from enforced economy, and they should be protected from themselves.

Now as to the constitutionality of the present law. The district courts of the State of Minnesota have declared the examining board law unconstitutional. I regret that I am unable to give verbal decision. There has been, however, a good deal of question as to the constitutionality of the law, and though we cannot decide it until some test case reaches the Supreme Court of the United States, we may at least consider it, make an attempt to "hitch our chariot to a star," and possibly find a way by which we may be enabled to protect all classes and at the same time preserve our self-respect.

Article I., section 10 of the Constitution of the United States says that no state shall * * * pass any bill of attainder, ex post facto law, or law impairing the obligations of contracts.

All recognized medical colleges exist under a charter from the state in which they are located, said charter granting them

the right to confer the degree of M. D., and implying at least the legal right to practice medicine under such a degree. The state has contracted, through its charter, with the body of men who incorporated the institution, and this body of men, under the right of their charter, have contracted with their students under their tuition. "In Cooley's "Constitutional Limitations," on page 334, we find these words: "Those charters of incorporation, however, which are granted not as a part of the machinery of the government, but for the private benefit or purposes of the corporators, stand upon a different footing, and are held to be contracts between the legislature and the corporators, having for their consideration the liabilities and duties which the corporators assumed by accepting them, and the grant of the franchise can no more be resumed by the legislature or its benefits diminished or impaired, without the consent of the grantees, than any other grant of property or valuable thing, unless the right to do so is reserved in the charter itself."

It has been held that the board of health laws are constitutional under the "police power" of the states. But we find on page 710 of Cooley's Constitutional Limitations, that "The limit to the exercise of the police power in these cases must be this: The regulations must have reference to the comfort, safety or welfare of society. They must not be in conflict with any of the provisions of the charter, and they must not, under pretense of regulation, take from the corporation any essential rights and privileges which the charter confers."

Under these constitutional limitations I think I have a right to assume that there is a very grave point as to the constitutionality of the examining board laws. I think I have already proven by brief quotations from the New York press, that the most stringent examining board law in the United States is non-efficacious, and it is now but proper to first make the assertion that if we desire medical laws for the honest and unselfish protection of all classes, the people, the students, the profession, we should strike at the root of the tree and correct the standard of our medical schools, making them uniform in grade, and having that grade determined by the national power. Granting that I have

the right to make this assertion under the points that have been presented, the question immediately arises whether or not this is constitutionally possible.

In Article I, Section 8 of the Constitution of the United States, it says: "The Congress shall have power to levy and collect taxes, duties, imposts, and excises, to pay the debts and provide for the common defense and *general welfare* of the United States."

Article 18, in the same section, says: "The Congress shall have power to make all laws which shall be necessary and proper for carrying into execution the foregoing power."

On page 706 of "Cooley's Constitutional Limitations" he quotes an eminent judge as saying: "This police power of the states extends to the protection of the lives, limbs, health, comfort, and quiet of all persons." He quotes another eminent authority as saying: "General police power of the states, persons and property, are subjected to all kinds of restraints and burdens in order to secure the general comfort, health and prosperity of the state."

On the same page, Judge Cooley himself says: "All that the federal authority can do is to see that the states do not, under cover of this power, invade the sphere of national sovereignty, or deprive any citizen of rights guaranteed by the federal constitution."

On page 722 of the same book we find Judge Cooley saying: "It is not doubted that Congress has the power to go beyond the general regulations of commerce which it is accustomed to establish, and to descend to the most minute directions, if it shall be deemed advisable, and that to whatever extent ground shall be covered by these directions the exercise of state power is excluded. Congress may establish police regulations as well as the states, confining their operations to the subjects over which it is given control by the constitution."

Under the articles quoted from the constitution we find that it is the duty of the federal government to provide for the general welfare of the United States, and that under this article of the constitution, all quarantine and health laws which are enforced

by the government have been founded, and that if these laws for the protection of the health of the citizens could be founded upon this article, it is reasonable to go further and suppose that the government may provide for the proper education of those citizens to whom shall be delegated the care of its people during times of sickness and epidemic.

And in doing this it is safe to say that the government may step in and say that the "states shall not invade the sphere of national sovereignty or deprive any citizen of rights guaranteed by the federal constitution."

In other words, shall not allow the continuous operation of colleges which hold out the illusory promises of a degree with a right to practice under said degree, whereas the state has by retroactive laws, *ex post facto* in their effect, annulled their own contracts, as interpreted under the charters of their colleges.

It is a recognized fact, and always will be, that reasonable education and the degree of M. D. is and must be in the future a *sine qua non* in the practice of medicine. This being true, the only way to absolutely protect the people and the profession, as well as the students of medicine, is to blot out of existence every medical school which is of a lower grade than that which may be recognized under the law. There is only one way that this can be done, and that is by bringing the medical colleges under the control of a national board who shall make a standard and see that it is adhered to, the same to be done by the power of Congress under the article of the constitution providing for the public welfare ; and by the construction of the constitution which Judge Cooley says may in certain cases for the public good permit the federal government to assume police power as over the states for the protection which it has guaranteed its citizens.

I believe that there is a reasonable right to assume that the supreme court of the United States would hold that Congress has a right to exercise this power, and if as a profession we are unselfish and demand only the greatest good to the greatest number, it is our duty to take action by which this question may be considered, and if possible, decided in a way that shall be favorable to a central and governmental control of all medical schools,

so that degrees earned in this country may be good in any part of the country, and that medical men who are perhaps the best fitted for their work by a former good education, and a number of years of experience, are not on account of the multitudinous and different requirements of the states, practically ostracised from other states, and prisoners on parole in their own.

These points having been attained, it goes without saying, that the registration law, the registration to be made with a state board of health, would be the law which would necessarily be a sequence of the federal medical education, inasmuch as the possession of a diploma from any institution, endorsed by the federal board, would be *prima facie* evidence of the right of the legitimate holder to practice in any place in the United States. At the present time the law of our own state has been held by our supreme court to be constitutional in every particular, and that it does not annul contracts, but simply demands their complete recognition, and gives power to refuse or revoke from those who are guilty of misdemeanors.

Let us go forward, and *not backward*. Let us remember that claiming to belong to a noble profession, we have no right to resort to what might be called "tricks of trade" to shut people out from our states, who are perfectly qualified, or resort to any attempt to bolster up our business in any other way than that of a fitness for our work. Let us look back on the standing of our profession as it has been, when Homer said, "One so skilled in medicine as to free the inherent barb is worth a multitude."

Or where in Ecclesiasticus we are told that "the skill of the physician shall lift up his head, and in the sight of great men he shall be praised."

Or when Cicero said: "In no way can man approach so near to the gods as by conferring health on his fellows."

As Hippocrates, who was an honest man, left to his profession his mantle, upon which someone has inscribed, "The Divine Old Man," so may we, by being as honorable as we have been honored, stand equal with the highest, and in close touch with Him who walked in Galilee.

Differential Diagnosis Between Syphilis, Tuberculosis and Cancer of the Pharynx and Larynx.

By S. S. Kehr, M. D., Denver.

DISEASES of the upper respiratory tract, that are attended with ulceration and loss of tissue, are productive of serious and often fatal results. At the onset they present many similar manifestations. Should the disease begin in the pharynx, the initial symptom will be pain or soreness of the throat and interference with deglutition. Should it begin in the larynx, pain will again be the first symptom, and interference with the voice, consequently hoarseness, or complete aphonia.

Hoarseness or aphonia in benign or malignant growths of the larynx are frequently the first, and for some time the only subjective symptoms.

Inspection in the early stages generally reveals only a localized hyperemia and tumefaction. It is necessary for the examiner to remember that the antecedent or family history may aid in the diagnosis of the diseased process.

It is seldom that this class of cases present themselves in the early stages. In many the diagnosis is almost impossible until the case has been under observation for a time and the character of the process, the rapidity of the breaking down, the tendency to ulceration or other features, have been carefully noted.

If the patient acknowledges having had a venereal ulcer, we must be on our guard not to give it undue weight, and conclude that the case under consideration is necessarily syphilitic.

Let us consider briefly the clinical picture presented in each of the various diseases attended with ulceration, and then place side by side individual and characteristic symptoms of the three ulcerative conditions to be presented.

SYPHILIS.—The second stage of syphilis is the most common of the ulcerative diseases of the organs under consideration. It is well known that this form is peculiarly prone to attack

mucous membrane, and the pharynx and larynx offer no exception to the rule.

In the early stage, papular elevations make their appearance; the epithelium covering of which becomes eroded; or erythematous patches occur in the form of a bluish hyperemia of transitory duration; or the epithelium of the coverings become exfoliated, leaving a denuded, pus-secreting membrane; later assume an ashy-gray color, with a rough granular surface. The ulcers are surrounded by a red areola and a well-defined border, and they discharge a copious yellow-purulent pus.

The ulcers may be divided into the superficial and deep or gummatous. The ulcer may begin as a dark brown patch of the mucosa, or as a gummata. The ulcers may be superficial and may end in resolution with contraction of the tissues as the cicatrix forms.

The posterior lateral walls of the pharynx are the most common sites for the superficial ulceration which spreads very rapidly to the soft palate and uvula, or it may begin on the soft palate and spread toward the lateral walls. The tonsils are frequently the site of the affection. The superficial is clean cut and edges even with the surrounding membrane. The floor is covered with a grayish mucus. The areola is always inflamed.

The gummy tumor is regarded by all authorities as the precursor of the deep ulcers of syphilis. It appears in the pharynx and larynx as a reddish mass, which shades into a fainter hyperemia of the surrounding tissues, soon turns grayish in the center and slightly elevated above the surrounding tissue. The edges are clean cut indurated borders, discharge yellowish mucus; the bed of the ulcer is hard to the touch.

Many times these gummy tumors are rapid in appearance. Cases are upon record in which the appearance of the mass, the breaking down of the same and destruction of a large portion of the soft palate has occurred in two weeks. It may begin as several small ulcers close to one another, but quickly uniting to form one large roundish, or oval ulcer.

The gummy tumors and the ulceration succeeding them,

show little tendency to invade other tissues than those originally involved. Ulcers of the pharynx rarely extend to the nasopharynx, and never to the larynx. Ulcers of the larynx never extend to the pharynx. We may have involvement of the different portions of the respiratory tract, either the larynx, pharynx or nares. This is an important diagnostic feature, totally unlike carcinoma, with which syphilis is likely to be confounded.

The ulcer may be so large as to involve the entire posterior wall of the pharynx, the soft palate and uvula.

There is no disease where the destruction of tissue is so rapid and the resulting cicatrix so disfiguring, as in syphilis. These cicatrices constitute a material aid in diagnosis. In the pharynx they are often very annoying and interfere with its proper function, but are seldom inimical to life. In the laryngeal cavity the cicatrization and contractions may be so great as to encroach seriously upon the lumen, necessitating tracheotomy ; or bands may form, stretching across the cavity, demanding division or tracheotomy. When the epiglottis is attacked, the ulcers generally occur on the free edge.

Syphilis of the larynx is most generally a tertiary lesion. Inspection shows any form of syphilis of the larynx, a strong resemblance to a simple laryngitis. The vocal cords may show a congested condition, which may be unilateral or bi-lateral. The mucous patches differ from those of the pharynx ; Papillomata are occasionally present, and appear as little, wart-like excrescences, or may assume the appearance of yellowish pimples about the size of a small pea.

The gummy tumors appear in the larynx as a reddish mass and situated on any portion of the larynx,—the posterior wall, arytenoids, or false or true chords ; when showing on the vocal cords, they usually appear only on one side. Among the first symptoms are hoarseness, sometimes complete aphonia ; later may have dyspnea caused by the growth encroaching upon the lumen of the cavity. Frequently there is a cough, which is of a peculiarly harsh and smothered character.

The gummatous ulcer is apt to break down rapidly into a

syphilitic ulcer, but may persist for a long time as a gummatous ulcer. Pain is not usually severe until ulceration begins.

There is a great tendency to necrosis of the cartilages and bones of these parts. Symmetrical, bi-lateral lesions are characteristic of syphilis.

TUBERCULOSIS.—This is next most frequent in the ulceration in the pharynx and larynx.

Tuberculosis of the pharynx is extremely rare, and very seldom primary, usually secondary to tubercular changes in the lungs or larynx. The early symptoms of pharyngeal tuberculosis are very much the same as those of syphilis or any ulcerative condition, viz: Soreness of the throat and painful deglutition, in addition to which is a burning and smarting. In syphilis and carcinoma, however, these symptoms occur in a previously healthy and often robust individual; not so in tuberculosis; here the patient has been previously weakened by the existing disease of the lungs or larynx, and consequently is pale and anaemic.

Tuberculosis must be distinguished from syphilis. The history of syphilis and the family history of tuberculosis must be ascertained. Syphilis may appear at any age, especially the congenital, may occur in children. Tuberculosis is one of adult life. Syphilis is not attended by fever, nor is the pain as severe on swallowing; ulcers deep, edges clean cut; tuberculosis shallow, ragged and pale.

One of the earliest manifestations, is an anemic condition of the mucous membrane; in other cases it may be of general hyperemia of the membrane. Frequently the mucous membrane is covered with a thick, tenacious and ropy mucus; later it shows itself in a grayish, shallow, cuticular ulceration or granulation distributed over the pharynx, faucial region and palate, or in a deposit of miliary tubercles; two or three of these may coalesce, forming one good-sized ulcer. The ulcer is not raised above the surrounding tissues and does not present a punched or deep appearance. The edges are not clean-cut but gradually shade into the surrounding tissues. There is no induration or areola. In tuberculosis of the throat, the cervicle vertebræ are

usually prominent. Frequently there is tremulousness of the soft palate and uvula, and a very spacious pharynx.

The voice tires on exertion, frequently hoarse; cough is of a paroxysmal character, with little or no expectoration.

Laryngeal tuberculosis in the primary form is very rare, but much more common than the primary form of the pharynx. The first changes in the larynx are an unnatural paleness and tumefaction of the epiglottis, often presents ragged edges, ulceration of its posterior surface, pyriform swellings of the arytenoid cartilages. The swelling has an appearance of infiltration, and often so pronounced as to hide the inter-arytenoid ulcer from view. The tendency is for numerous small ulcers to form, and near them are small yellowish, or grayish nodules, which finally break down and form fresh ulcers.

The acute or miliary tuberculosis is often so very rapid in its course as to result fatally in a few weeks; the areas of the miliary tubercles bleed easily by pressing upon them.

The ulcer in the secondary form of tuberculosis is usually of slow development, and may be months after the throat is affected. It extends slowly and is more shallow than the ulcer of syphilis. The edges are irregular. There is a thick agglutinated mucus. Hoarseness is always present, which may go on to the entire loss of voice. Pain is always marked from the first, frequently extending into the ears, especially when the ulceration involves the base of the epiglottis. Pain is excruciating on swallowing, if the posterior part of the larynx is involved.

Swallowing of liquids may cause severe paroxysms of coughing and the liquid is expelled from the nostrils. The epiglottis becomes thickened, assuming a turban shape. Frequently the uvula is clubshaped.

Constitutional symptoms appear early in the disease with increased pulse, elevation of temperature, especially towards evening, night sweats and loss of weight.

The microscope is invaluable in the diagnosis in tuberculosis of the pharynx and larynx.

CARCINOMA is next in point of frequency of the ulcerative condition of the organs under consideration. This form of ulcer-

ation is rarely found. The majority of cases occur between the ages of fifty and seventy.

Hoarseness is generally the first symptom and may continue for a year with no other symptom of cancer present. Pain is of the same character as in carcinoma of other portions of the body—constant, lancinating, and often intolerable. It is first complained of during deglutition, soon becomes constant and often unendurable. The cervical glands became enlarged and painful. Angle of the jaw is stiff, opening the mouth is difficult; as in other ulcerative conditions of the throat, pain is referred to the ear on the affected side, thus the ever-present pain in the ear is often the chief complaint, occurring very early in the course of the disease. Cases are recorded where the ear received treatment for some time before the true nature of the affection was discovered.

The cancer may extend from the tongue, or have its starting point in the tonsils, border of the soft palate, the epiglottis, the interarytenoid fold, or on the posterior part of the vocal cords, and in the order enumerated as to frequency. The progress is often exceedingly rapid, so that unless a case is seen early, all the tissues above enumerated may be involved, and a serious difficulty arise as to the original site.

The cancer may commence locally in a circumscribed congestion, a diffused tumefaction, or as a hard circumscribed tumor. The ulcer is usually single, with a reddish or whitish surface, and frequently has nodular excrescences around the ulcer.

THE SCIRRUS VARIETY is more often found in the pharynx and epithelioma in the larynx. Diagnosis of cancer of the larynx in the early stages is extremely difficult, on account of its similarity to other forms of ulcerative diseases.

The progress of the disease is not nearly so rapid as the pharyngeal form of cancer. The first symptoms are pain and hoarseness; the pain is sharp, persistent and lancinating in character; the pain, as in cancer of the pharynx, is frequently referred to one or the other ear.

The cervical glands are rarely involved in cancer of the larynx. The odor attending a case of malignant disease of the

larynx is peculiarly disgusting; but let us not forget the disgusting and penetrating odor of syphilitic diseases of the larynx. Here, as in the pharynx, the ulcer is characteristic. The tumor is accompanied by ulceration, but differs from other forms of ulceration in which the first stage has passed, and infiltrated cells broken down; there is loss of normal tissue; the ulcer is clear cut; distinct with odema of the surrounding tissues; Dyspnea and ulceration with hemorrhage may occur in the early stage.

Cancerous cachexia and loss of flesh are usually marked. The microscope will be of marked benefit to the diagnosis.

In the main, the symptoms of each are so distinctive as to make the diagnosis comparatively easy. The two diseases most frequently confused are syphilis and tuberculosis. The diagnosis of cancer is often difficult in the early stages. The microscope will often aid us in the diagnosis in the cases where we are in doubt as to the condition.

Grouping the symptoms in parallel columns we find:

ULCERATION OF PHARYNX

SYPHILIS.	CARCINOMA.	TUBERCULOSIS.
Ulceration appears very early in the disease, about the second week. Ulcers clear-cut and punched out. Destruction of tissue great.	Ulceration appears the end of the second month after the appearance of the growth; ulcer not clear cut. The normal tissue is replaced by the morbid growths.	Ulceration appears very early. Ulcers shallow and not clear cut, shading into the "normal" tissue.
A profuse, purulent discharge and necrosed tissue, covers the surface of the ulcer. The borders of the ulcer are indurated and hyperemic.	Very little discharge covers the growth; a thin sanguous discharge covers the ulceration. The growth is of stony hardness; the growth is surrounded by an areola; no induration until the parts are encroached upon by the growth.	A muco-purulent secretion and agglutinated mucus cover the surface of the ulcer. No areola or induration.
The destruction of tissue is rapid and deep.	The destruction is quite rapid and extends in all directions.	The destruction is slow and superficial.

SYPHILIS.

The ulcer confines itself to the pharynx, rarely extends to nasopharynx and never to the larynx.

Necrosis of cartilage.

New ulceration upon points which have cicatrized, rare.

Pain usually slight.

General condition unimpaired.

Frequent evidence of specific disease in other organs.

No fever.

Sputum contains uncharacteristic morbid products.

Microscopic examination of exsected piece of diseased tissue reveals large numbers of small, round cells.

CARCINOMA.

The ulcer has no anatomical bounds; it extends in all directions and attacks all tissues.

No necrosis.

No ulceration upon points which have cicatrix.

Pain constant, lancinating, many times referred to the ear.

Early in the disease the complexion is good; later, the health fails rapidly.

No evidence of precocious disease.

No fever.

The examination of the sputum is negative.

Microscopic examination of exsected diseased tissue shows the characteristic cells of the various forms of carcinoma.

TUBERCULOSIS.

The ulcer confines itself to the mucous membranes of the pharynx, extends laterally.

Necrosis of cartilage.

New ulceration upon points which have cicatrized, rare.

Pain severe on deglutition, referred to ear.

The general condition is poor from the first inception of the disease, indicating some grave constitutional disease.

Pulmonary and laryngeal manifestations.

High fever.

In the sputum are found tubercle bacilli.

Microscopic examination of exsected diseased tissue shows the giant cell, tubercle bacilli and other evidence of tuberculosis.

ULCERATION OF THE LARYNX.

SYPHILIS.

Pain slight.

Ulceration spreads rapidly and may attack any portion of the larynx.

CARCINOMA.

Pain constant, lancinating.

Ulcerates more slowly and may attack any portion of the larynx.

TUBERCULOSIS.

Pain quite severe on deglutition.

Ulcerates slowly and usually attacks the interarytenoid space or arytenoid cartilage.

SYPHILIS.	CARCINOMA.	TUBERCULOSIS.
The first evidence is a clear cut, deep ulcer.	The first evidence is that of a new growth in the laryngeal cavity; the ulcer is not clear cut.	Usually the first evidence is small spots of induration which may be followed by oedema.
Very little oedema with slight induration around the ulcer.	The laryngeal cavity is encroached upon by the growth.	The arytenoids are very much swollen.
The cartilage is frequently involved by the ulcer.	All the tissues may become involved by the growth.	The ulcer is not deep but extends laterally.
Muco-purulent secretion and necrosed tissue covers the ulcer.	A discharge covers the growth.	A thick, muco-purulent discharge covers the surface of the ulcer.
Cicatrices are often present.	No cicatrices.	No cicatrices.
No fever.	No fever.	High fever.
Hyperemia and injection of mucous membrane.	Hyperemia of the mucous membrane.	Paleness of the mucous membrane.
Cicatrization produces laryngeal stenosis.	Tumors produce laryngeal stenosis.	Tubercles may produce laryngeal stenosis.
Usually evidence of syphilis in other tissues.	In primary laryngeal carcinoma, no other involvement until later in the disease.	Usually secondary to all pulmonary troubles.
General health unimpaired.	No impairment in the early part of the disease, later, marked involvement.	Previous to the laryngeal involvement the general health is impaired.

THE ABORTIVE TREATMENT OF BUBOES. By Dr. Karl Grundfest
(Wien Klin. Woch.)

The author describes twenty cases treated after the method of Waelsch. This consists in the injection of two to six c. m. of sterilized salt solution into the inflamed lymphatic gland and its surroundings with or without previous aspiration. In sixty per cent. of the cases the treatment failed and required subsequent incision.

Antiseptics.

By Walter J. King, M. D., Denver.

THERE is no doubt but that there are germs. But, "In health the pathogenic germ does not find sustenance and cannot thrive in the normal and healthy secretions of the body, and when such germs invade the system they are destroyed by certain of the white blood corpuscles by means of the process of phagocytosis."

Two essentials for the growth of germs are: First, the germs themselves; second, their presence in a favorable soil. Two aids in their growth are heat and moisture.

Before Lister inaugurated Antisepsis in 1867, the death rate in general operative work was over 45%. This was at once lowered to 15%, and at the present time has been reduced by many operators, Lister included, to $\frac{1}{2}$ of 1%. And are antiseptics to receive all the credit of this marvelous improvement? Under Lister's first antiseptic the mortality was 15%; under his last one $\frac{1}{2}$ of 1%. Wonderful, isn't it? But the most wonderful part of it all is, that the antiseptic used in both cases is the *same identical article*. Lister's first antiseptic was carbolic acid; after many experiments with numerous substitutes, he has readopted as his present and last antiseptic, carbolic acid. It is not to antiseptics but to surgical cleanliness, or asepsis, that is due these excellent results.

An antiseptic arrests and prevents the growth of germs; it does not destroy the germ, but retards or prohibits its further development or growth. As soon as the antiseptic is removed from a wound, the germs take on new vitality.

A germicide kills the germ.

GENERAL PRINCIPLES OF ANTISEPTIC TREATMENT.

Exclude all organisms from the wound.

Remove all organisms from the wound.

Destroy all organisms of the wound.

Remove the soil in which organisms can flourish.

Prevent the formation of favorable soil.

It is now clearly the legal as well as the moral duty of every surgeon to prevent the access of germs to the wounds of his patients. Demosthenes once said that there were three requisites for perfect oratory, namely, action, *action*, ACTION. So also there are three essentials in asepsis, namely, thoroughness, *thoroughness*, THOROUGHNESS.

One of our allopathic brethren, in a conversation with me recently upon the germ theory, stated that one of the laws laid down by Koch was that in order to prove a definite germ to be the cause of a given disease, it is necessary that whenever and wherever you have this given disease that same definite germ is always present; also that this definite germ is never found in any other disease. I immediately asked him about the Klebs-Loeffler bacillus, the supposed cause of diphtheria, which is frequently found in healthy throats. That ought to have knocked out the Klebs-Loeffler bacillus according to the above rule, but the scientific gentleman endeavored to crawl out of it by the use of this illustration: Suppose I give a man a teaspoonful of aconite and he dies; I say he died of aconite poisoning. But another practitioner says, I have given aconite to dozens of patients and none of them died, therefore aconite did not kill your patient. His argument was that a few Klebs-Loeffler bacilli might be present in a throat and yet diphtheria not result. And yet authorities tell us that one of the attributes of these lower forms of life is their remarkable fecundity; that within a very short space of time many millions may grow from a few solitary germs. That is why they urge the necessity of absolute, complete asepsis. It is the germs and the favorable soil that are necessary to the growth of the germ. That culture-media is adopted by our City Hall authorities, which has been found by them to be the most favorable soil for the growth of the suspected germ.

If at any time during an operation the hands of the surgeon, assistant or nurses come in contact with any object which is not disinfected, they should be thoroughly washed and disinfected immediately: so the books tell us; but in operating on any wound where there is pus, how much cleaner will the hands of the surgeon or his instruments be after they once come in con-

tact with the suppurating discharge than they are if he accidentally touches the clothes of the patient or the operating table? Again, they tell us that instruments which fall to the floor or come in contact with the clothing of surgeon or patient should be washed and placed in a carbolic solution before being again used on a wound. This is good advice, though we would thoroughly cleanse the instruments in boiling soda water. They advise this precaution because of the germs which are presumably on the floor or the clothing; but how about those dangerous germs which are continually floating around in the atmosphere? Either the germs in the atmosphere are not germs until they alight on clothing or fall to the floor, or else the whole germ theory of the *causation* of disease is a farce.

But don't think we are opposed to cleanliness. As Prof. Anderson quotes: "Cleanliness is next to godliness;" and we are just as much, and possibly more, opposed to "surgical dirt" as anyone else can be. But we believe absolute cleanliness can be obtained by a better method than that of using injurious chemical antiseptics.

Heat is the sterilizing agent *par excellence* for instruments and dressings. Davidsohn demonstrated that perfect sterilization invariably followed the boiling of instruments for five minutes in covered vessels charged with water. Rusting will be prevented by the addition of carbonate of soda. After an operation instruments should be cleansed as above and then dried by heating on an asbestos lid over a gas stove.

Let me briefly mention several antiseptics:

Carbolic acid is an excellent antiseptic, germicide, anæsthetic and anti-pruritic. Its objections are its caustic or irritating properties and the oozing of serum which it causes in wounds, thus necessitating drainage. Lister abandoned it because of its volatility and slowness of action. There is also the danger of its causing carbolic poisoning and death.

Bichloride of Mercury is an antiseptic, but *not* a germicide. Don't use bichloride, even in solution as weak as 1 : 1000; it coagulates the albuminous tissues, thus causing necrosis of the cells, and thereby does directly opposite to what you desire, pro-

vided it is your desire to hasten the healing of the wound, for new cells must now form to take the place of those thus destroyed. When left in contact with organic life, it is prone to decompose. It corrodes all of the common metals, and is exceedingly poisonous even in small quantities. I believe I know of at least one case in which bichloride enemata were the cause of the death of a patient.

The most important thing to remember about Iodoform is to remember *never* to use it. The smell is more foul than the discharge it is used upon. If you want to brand your patient with a trade mark of syphilis, just apply iodoform on the wound. It is to the decomposition of the iodoform and the consequent liberation of free iodine that it owes its antiseptic qualities. Use the iodine itself in preference to iodoform. Iodoform may be absorbed and cause toxic symptoms and death; it also is a frequent cause of eczema.

Permanganate of Potassium acts by the oxidation of the offending entities, and a mutual destruction of the germ, and germicide results. But it oxidizes organic matter of all kinds, and may oxidize the organic matter and be itself destroyed before the *bacteria* are affected. The same is true of Peroxide of Hydrogen.

Boracic Acid is considered by Lister to be almost as efficient an antiseptic as carbolic acid. It has no germicidal power, but is of great utility as an antiseptic and deodorant, and is free from odor and irritating properties; it has an almost utter absence of toxic effects.

A proprietary combination of carbolic and boracic acids is prepared and sold under the name of Sennine. It is highly recommended, and to those who feel they must have an excellent germicide and antiseptic I would commend it. It is supposed to possess all the advantages and some of the drawbacks of its ingredients.

The very best dressing I know of is *borated calendula*. This combination was introduced in 1885 by Prof. David A. Strickler. The boracic acid is a valuable antiseptic and calendula is an excellent healing agent. Borated calendula is my favorite applica-

tion to all wounds. If irrigation, or if moist or modified moist dressing is deemed best, I make a solution of the borated calendula. For a cut, chapped hands, etc., a cerate of borated calendula and vaseline or lanoline cannot be improved upon. For a dry dressing, nothing can equal the application of this excellent powder, Borated Calendula.

Moisture is one aid to the growth of germ life; the less moisture in a wound, the less danger of suppuration or infection. An absolutely *dry* operation is much more rapid in its repair and healing because of the more favorable condition consequent upon such absence of moisture. Absolute cleanliness, a dry wound, and dry dressing is a trinity greatly to be desired in surgery. That operation in which there is the least possible amount of fluid of any kind present is the nearest approach to the ideal.

"If the surfaces of the wound are irritated as little as possible, and if the blood as rapidly as secreted is removed by careful sponging, all larger vessels being secured in the meantime, it has been found that most extensive wounds can be closed without drainage, care being taken to have a good apposition of the cut edges and surfaces and pressure sufficiently firm being applied by means of dressings to immobilize and hold the parts in position. If properly closed and dressed such wounds unite by first intention as readily as do the most insignificant; nature seeming to recognize little difference in the size of wounds, provided they are under identically similar conditions."

In abdominal operations, as elsewhere, the dryer the wound the less danger of suppuration. By the use of gauze or sponges the wound should be cleansed. Better results will be obtained by omitting all flushing with hot solutions, for the hot irrigation causes a profuse secretion of serum necessitating drainage for its escape, and thus may convert an aseptic condition into a septic one.

Permit me to conclude this rambling article by quoting from Dr. Arpad J. Gerster, Professor of Surgery in the New York Polyclinic. He says of operations in the abdominal cavity: "Irrigation is NEVER to be employed." "There is nothing more certain than that, on account of its complex character, the peritoneal

cavity cannot be completely washed clean ; that germicidal solutions cannot" [safely] "be used in a sufficient strength to be effective, and that finally an inert or weak solution will only help to spread the elements of infection to previously unaffected areas."

Vaccinia.

By Edwin J. Clark, M. D., Denver. Read before the Denver Homeopathic Club, December 19, 1898.

FOR many years we advocated and practiced vaccination, for we had only studied one side of the question. When preparing this subject for the Junior class last year, we studied both the reasons for and against vaccination, in order that we might understandingly place this subject before the class. The result of our careful study at that time of both sides of the vaccination theory, and confirmed and intensified by continued study since then, is that we no longer advocate vaccination, practice it only under protest, and carefully state before vaccinating the danger there is to the patient from the introduction of the vaccine virus into the system and the probability that the patient may contract variola, even after vaccination, if exposed to the contagion of that disease.

In the fifteen minutes allowed for this paper we cannot enter into a detailed discussion of the facts presented, we can only briefly call your attention to these facts as we find them and let you draw your own conclusions ; trusting to your investigation of this question as unbiased seekers after truth and not as partisans intent on proving a theory though it may wreck many lives.

"Vaccinia is a general disease with constitutional disturbance and a local manifestation which affords more or less protection from smallpox." (*Custis.*)

It is a disease artificially produced in the system and depending for its practice upon the statement made in the last clause of Custis' definition. The patient is inoculated with a lymph from a vesicle or pustule of the cowpox, or with the virus of horse grease, or with the lymph taken from the cowpox eruption of one who has been inoculated with the disease. The practice of using the virus of grease has fallen into innocuous desuetude, though at one time very prevalent, and the equina and vaccina so mixed at that time as to make identification of the original source impossible.

The result of inoculating with the cowpox lymph is to produce a local condition identical in appearance to that described by Ricord as occurring from the local inoculation with syphilitic virus. Staff Surgeon Preston before the Royal British Commission testified "that about twenty years ago, in some of the cases of smallpox that took place, I think on the South American Station, that an eruption of syphilis appeared to have some modifying effect upon the eruption of smallpox ; but that was in the pre-vaccination days."

From 1494 to 1520 an epidemic of "Pocks" was prevalent in Europe, having as a striking character an eruption overshadowing all else in the disease. The common people of England soon applied the name pox to the disease in the cow, associating in their mind the mutual origin of pox in the human and pox in the cow, as is also shown by those who were accidentally inoculated, associating their difficulty with the bad disorder and the tendency to become somewhat shamefaced about it. Later the term small or lesser pox was applied to the disease now known to us as Variola.

In 1798 Jenner offered his Inquiry to the medical profession, since which time all facts have been twisted to the proving of this theory, and facts tending to disprove it have been classed as fraudulent. It reminds us of Lebert's study of typhus fever in the Crimean war, when he advocated the spontaneous origin of the disease as proven by the facts deduced from this study. Later he opposes this idea, not from new facts, bearing directly and in the nature of counter evidence on the subject, but because

a *de novo* origin was inconsistent with the acceptance of the germ theory of disease. So to-day, in the study of this question, we are confronted with the overthrowing and suppressing as far as possible of all facts not favorable to the protective theory of vaccination.

Jenner taught that "in every instance the patient who has felt its influence has completely lost the susceptibility for the various contagion." (Apr. 1799.) This has been disproven time and again, and it is not the only false claim he made for vaccination. One later authority advises the repeating of the vaccination at periods of every four months until it no longer takes. All advise securing protection for yourself by compelling others to be made immune. Because "Every case of smallpox is a centre of contagion; and every unvaccinated or imperfectly vaccinated population is a nidus for the disease to settle in and propagate itself."

It was commonly known to medical men of Jenner's time that those who had contracted the cowpox from the milking of infected cows were susceptible to variola. Inoculation was growing into disrepute when Jenner came to the aid of this branch of the profession.

In June, 1801, in a town in Brunswick, forty-nine children were successfully vaccinated from a child's vaccine vesicle. The vesicle was large and tumid, areola of full extent, constitutional disturbance considerable, crusts fell off usually about end of third week. Forty-five of these children had smallpox, taken in the ordinary way, in August, September and October. Five were affected while the vaccine was on them, and forty at a longer interval.

In Bavaria, in 1871, there were 30,742 cases of smallpox. 95.7% had been vaccinated, 4.3% were unvaccinated. Of the vaccinated 13.8% died; of the unvaccinated 60.1% died. Of the unvaccinated that died the greater number, 743, being infants under one year and 47 being over one year. Infants of this age are very seldom enrolled amongst those who have been vaccinated, are very susceptible to the disease, and show a very high death rate. The death rate in the unvaccinated over one year of age was 3.6%.

When Jenner and other vaccinators were overwhelmed with the facts that vaccination did not suppress smallpox, they offered the excuse that the virus was spurious when it did not protect and genuine when it protected, and later the statement that vaccination, if not suppressing, at least favorably modified the course of the disease.

Our latest German statistics show a mortality rate of 19%, which would hardly cause us to believe the disease to be the mild one described by Sydenham in 1688: "A disease of little seriousness unless improperly treated." Jurin gives a pre-vaccination mortality rate of 18.8%. 1870 English and American hospital returns show 18.5%. Dr. Oidtmann, staff surgeon of the French army at the siege of Paris, 1871, very pertinently says: Vaccination tended rather to extend smallpox in the army, than to protect from it."

Next to its lack of protective power is its lack of modifying power. Schonlein, in 1832, said that there was "just as large a proportion of mild smallpox cases before the vaccination era as there ever was after it." This lack of modifying power is also shown by the statistics just given.

Not only does vaccination fail to protect, it does not modify, but it is not free from dangers, not only of those incident to wounding the epidermus, but it contains in itself the essence of disease, destruction of tissue and of death. Niemeyer says: "It cannot be denied that vaccination sometimes endangers life and in some cases causes cutaneous diseases and scrofulous affections." In its early stage it almost universally produced great destruction of tissue until Woodville, by cultivation, robbed it of much of its horror, but not entirely, as the tendency to revert to its loathsome features is often noticed at the present day.

The sophomore class at the Denver Homeopathic College have had the pleasure lately of seeing one case of cutaneous disease caused by vaccination cured by psorinum. I have another case under my care who has been an invalid for over fourteen years, or since he was vaccinated. He has never recovered from the condition excited in his system by vaccination, and I doubt if he ever does. We offer him no hopes of a cure.

One case reported in the New York *Medical Journal* will suffice under this head. There are others to be found by keeping your eyes open for them. "The patient, a four-year-old girl, born in this country of German parents, both of whom were healthy, had enjoyed excellent health from birth. At the public school the pupils were vaccinated, and this child was among the number. Two days after the vaccination her arm became erythematous from elbow to shoulder, a roseolus rash appearing here and there. The axillary glands became greatly enlarged; the child had repeated chills, fever and sweats, and suffered considerably. Her sleep was interrupted at night, and several times she emitted a nocturnal cry. She passed successfully through the papular and vesicular stages, and on the eighth day (which was the first of the pustular stage) the pock disappeared. The reddened arm, however, was treated by the mother during the entire time with lard and flour. On the ninth day the child complained of headache, general malaise, and inability to defecate or urinate. The appetite, which for the past few days had been poor, disappeared entirely. Domestic medicine could not move her bowels or empty the bladder. The scar left by the pock began to redden again, papulae appeared, and later a vesicle and pustule. During four days the child did not have a movement of the bowels, and only once or twice did a few drops of urine escape. The child's face began to grow yellow and to swell slightly. The parents now feared for her life, but as yet deferred calling a physician. Seventeen days after the vaccination the child began to feel much better; she ate a little, but had had no movement of the bowels for about ten days or so, according to the parents' story. Next day the child had a slight cold, and the following day, at six o'clock in the morning, she had a convulsion, which lasted but a minute or so. This, however, frightened the parents so much that they called me to attend the little sufferer. When I arrived, about eight, I was informed by the parents that the child was quite well, had eaten some candy, and was playing in the bed. On entering the room I saw a rosy-faced little maid, with playful eyes, but dilated pupils, and as healthy-looking a babe as I have ever seen. Hardly fifteen seconds passed from

my entrance, when the child suddenly stiffened, without an outcry or any premonition, and was dead! All restoratives were in vain. I labored hard and earnestly, but the child was gone beyond all earthly aid."

Not alone is there danger of the class just mentioned, but as the virus to be genuine, according to Jenner, must be from a pox showing erysipelatous inflammation, so we endanger the planting of erysipelas in the system. Blood corpuscles are the almost invariable accompaniment of the vaccine lymph, and they, if not the lymph itself, carry the essence of disease as syphilis, tuberculosis, leprosy and other infectious diseases, latent or active, in the system from which the lymph was taken. Not only is there direct danger from the virus, the indirect danger from the presence of disease essence in the virus, but there is also the danger to the person of so placing the system in a condition that nature cannot resist disease, but becomes more liable to and more easily succumbs to other prevailing diseases. Our late war shows this statement to be one requiring careful consideration and induces the thought of how many more of our brave soldier boys might have returned to their homes had they not been handicapped by an inoculated disease poisoned system.

The advantage of vaccination is shown by German army statistics, where vaccination is compulsory. Vogt gives the death rate as 60% more than among the civil population of the same age. The Bavarian contingent, which was revaccinated without exception, had five times the death rate from smallpox in the 1870-71 epidemic than the Bavarian civil population of the same ages had, although revaccination is not obligatory among the latter.

What have we to offer in place of vaccination? For the State, positive and thorough sanitation and police quarantine. For the individual, internal vaccination, or preferably, the use of prophylactic potentized remedies.

Internal vaccination is secured by giving to the individual one dose of Sulph. 30 and allowing the remedy to act for fourteen days and then administer Variolinum 4. After the seventh or eighth day febrile symptoms will occur, and on the eighth,

ninth and tenth days a granular eruption occurs the size of poppy seeds, which soon ripens and heals. If you are pressed for time, case has been exposed to the variolous contagion, give one dose of Variolium 30. The universal testimony of those trying the method is that taken in time it prevents every time, where not given in time it invariably modifies the course of the disease, lessening its length and modifying the liability to scars.

Sir Geo. Baker, in advocating vaccination, says, "He is an enemy to improvement and is no philosopher, who fastidiously and upon mere speculation rejects what he has not put to the test of experiment. So if you would not be an enemy to improvement, put this to the test, it offers as good, if not better, protection than vaccination, without any of its dangers."

If you believe that vaccination protects, then act up to your belief. Do not give the lie to yourself by calling on the law to compel me to secure that same protection (?) for fear that we might take the disease and give it to you who can *not* take it. Be consistent.

RESUME.

Death rate now, the same as before vaccination.

More deaths proportionately among those of the same age (over one year) among the thoroughly vaccinated and revaccinated than among the unvaccinated or those vaccinated only once.

Dangerous to the life of the patient, as shown from Jenner's Inquiry down to the present day.

Places system in a condition unable to ward off other diseases.

Prophylaxis, by internal medication, offers better results than vaccination.

It is not dangerous to the patient.

Modifies the disease when given at the beginning.

Lastly—It is the province of the homeopath to secure the "speedy, gentle and permanent restitution of health, in the shortest, most reliable and safest manner, according to clearly intelligible reasons." This cannot be secured by inoculating another disease into the system, but by internal minute and minimum doses acting upon the ions of the nucleus of the cell "produces

stimulation to increased physiological action, and as a consequence, a power of resistance to the disease process."

Denver Homeopathic Club.

Reported by Edwin Jay Clark, M. D.

THE December meeting of the Denver Homeopathic Club was held at the Brown Palace Hotel, on Monday evening, December 19, 1898.

There were present Drs. Kehr, Beebe, Williard, Brown, Burr, Smythe, Anderson, Stockdale, Ingersoll, Harris, Strong, B. A. Wheeler, Walter J. King and Clark, and Mrs. Ingersoll and eleven students and visitors. Dr. Curtis M. Beebe was unanimously elected to membership.

Dr. Anderson reported satisfactory arrangements had been made with the Brown Palace Hotel Company for the further use of a room for club meetings. The report was received and the committee discharged.

Dr. Anderson, on behalf of Dr. Tennant, presented the subject of the Mayor's endeavor to suppress the circulation, from door to door, of obscene medical literature, and on motion of Dr. Beebe, the Secretary was directed to express to the Mayor of Denver, our endorsement of his efforts in the direction, as expressed by the remarks of Dr. Anderson.

The program of the evening was then taken up and each paper was separately discussed after its reading. The first paper of the evening was by Dr. Edwin Jay Clark, on "Vaccina." The discussion was as follows:

DR. CURTIS M. BEEBE—Consider the paper read a very valuable one. We can only follow this subject by a study of history. The first proposition, made very many years ago, was, that there was seldom a second attack. The second proposition was that of infection by touch or contact of an open pustule, in other words, infection by contact. After that, the disease was found to exist

in the cow. Disease being taken by contact from the cow, this gave rise to the application of the idea of inoculating by the use of the pus from a smallpox patient. The result was a lessening of the severity of the disease in the patient. Direct inoculation resulted in the lessening of the ravages of smallpox, but spread other diseases broadcast. The next proposition was isolation; the first real progress made in the treatment of epidemics. Isolation has had more to do in stamping out the disease than any other condition. Jenner's idea of inoculating the cow and then inoculating the person, was the next step. Vaccination and isolation has wiped smallpox off the face of the earth. Bacteriological tests, made in a laboratory at Chicago, showed Streptococci, Klebs, Loeffler bacilli and nearly every pathogenic microbe that exists. Result is that vaccination is often followed by general sepsis. This laboratory has endeavored to reach perfection, and has possibly reached nearer to that position than any other firm. I shall try internal remedies, but until we are sure that internal medication will protect, we should not discard the present method, but should use the purest lymph, and that free as possible from pathogenic bacteria.

DR. WILLIARD—When I received a notice of this meeting, and noticed the title of one of the papers to be read to-night, I said, a mathematical fact paper which means statistics, and so I looked up the statistics. As our essayist has already told you how both sides twist statistics to their advantage, you will know what dependence to place on all the statistics offered. The question is, Does vaccination do more good to humanity than the small harm that comes from it? I have taken the pains to examine up-to-date books giving fresh and reliable statistics in regard to vaccination protecting from smallpox. These books are published in 1895, 1896, and even 1898. The question of syphilis through vaccination is one of the great bugaboos presented by the Antivaccinationists. Death rate from chloroform in the United Kingdom is seven times that of vaccination. Infantile death rate has decreased since vaccination has been adopted. Syphilis is transmitted by circumcision, shall we then step in and stop the Jewish right of circumcision? Statistics fail to

show, either in England or Germany, out of the large number performed, any cases of syphilis. In 1750-1800 there were in England 96 deaths from smallpox to each 1000 of population; 1800-1850, 35 deaths. In Germany, before vaccination, 66; since vaccination, 7.4. Before vaccination in England there were 71 epidemics in one hundred years; since the establishment of vaccination, 24 epidemics. In 1891, in the German Empire, where vaccination is thoroughly performed, there were 40 cases of variola, while in the same year France had 56 times as many cases, Austria 60, and in Italy, where they do about as they choose, 96 times.

DR. SMYTHE.—You all know my position on this question. I have not taken this position from what I have learned from others, but as the direct results of my own experience and personal knowledge. I believe that what the paper says in regard to the harmfulness of vaccination is true. Dr. Beebe struck the key note for the reason of the subsidence of smallpox epidemics in his improved sanitation. Whether you use vaccine virus free from all bacteria or not does not alter the fact that you have left in the lymph some poison. The presence or absence of bacteria does not prove the presence or absence of disease. Have observed in many cases skin diseases following vaccination. Do I vaccinate? Yes; but I make my patrons furnish their own vaccine virus, and they bring it to me and I vaccinate them, placing the responsibility for the chance of bad results on the patients or their parents. The danger does not rest entirely on the presence of bacteria, nor on the virus, as to the effect, but in many cases in the individual himself. In many cases you do not see any bad results, in others you do. The reason for our having fewer cases now proportionately is in our improved sanitary condition.

DR. HARRIS—They say there are three kinds of lies, namely, white lies, black lies and statistics. Dr. Willard does not tell us of the improvement that had been made in sanitation during the time covered by his statistics. [Dr. Willard: I was shut off too soon.] Sanitation has reduced the prevalence of epidemics of this disease. There is no doubt but that all lymph is impure.

None here would feel immune in case smallpox became epidemic even though they had been vaccinated and vaccinia worked well. The doctor referred to the observations of the Imperial Councilor and member of the Diet, Prof. Jos. Schlesinger of Vienna, in which he advances the thought that vaccination is not a prevention but a test. That the formation of the vaccine pustule shows that "the constitution of the person vaccinated has defended itself against the vaccine poison introduced." That if no pustule is formed, then "his constitution is not strong enough to throw off the vaccine poison." That "vaccination is merely a trial to see whether the person vaccinated has the power to resist smallpox." Internal treatment will do more good than vaccination and less harm.

DR. HATFIELD—In 1870 I vaccinated my sister. She has since been revaccinated. In July, at her residence, there was a case in the hands of the City Hall board physician called varicella. In August my sister's husband was called to a case which he diagnosed as variola. There have since been over two hundred cases in that neighborhood. My brother-in-law thinks he carried the disease to his family in his beard. He and his daughter had variola notwithstanding they had been vaccinated as soon as he was called to attend the case. Later my sister also had the disease. I prefer sanitation quarantine with homeopathic remedies and good nursing to any vaccine yet known.

[For lack of space we are obliged to omit a more extended discussion.]

A NOVEL PROCEDURE IN CHRONIC BRONCHITIS.—(*Berl. Klin. Woch.*)

Quincke recommends a simple and, perhaps, very useful procedure in cases of chronic bronchitis with insufficient respiratory power and a tendency to the accumulation of the bronchopulmonary exudation in the dependent portion of the lungs. This consists in habituating the patient to rest on a bed, having the head on a lower level than the foot, for a period of two hours daily, selecting preferably the morning hours. It is claimed that this position promotes the easy evacuation of the bronchial tubes. This method recalls the empirical treatment for drowning—suspending the patient by the feet with the head downward.

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EDITORIAL.

Medical Control.

UNDER the above title we present a highly important paper from the pen of Dr. Benjamin F. Bailey, president of the American Institute of Homeopathy, and president of the Nebraska State Board of Health, which will be found of unusual interest to the profession, and we believe will receive the consideration which its importance demands.

We have had occasion to discuss the question of medical legislation in the columns of THE CRITIQUE many times, and we are now pleased to lay before our readers the very clear and comprehensive views of a man like Dr. Bailey, who has given the question much thought, and who speaks only after mature consideration.

There is a growing sentiment that a diploma should be fully earned by its possessor, and that such a diploma should then carry with it authority to practice medicine anywhere in this country, and to receive due recognition in all other countries.

A standard of medical education should be fixed and medical colleges should be required to maintain this standard. Having done this their diplomas should be authoritative and confer upon the holders thereof the right to engage in the practice of medicine without question so long as they conduct themselves in a professional manner. On such a basis the diploma also becomes a guarantee to the public that its possessor has been properly trained and educated in professional work, and this affords the most complete protection against deception and quackery.

Under such a system examinations should not be required, but there should be boards of registration whose duties should include an investigation of the work of all the colleges, to see that the standard is maintained, and at the same time they should be clothed with authority to reject the diplomas of any college not complying with the fixed standard, and also be empowered to revoke the license of any physician who may be guilty of misdemeanors or unprofessional conduct.

Examinations, as conducted by examining boards, work injustice in more ways than one, and thus far have utterly failed (as Dr. Bailey cleverly shows) to afford any protection to the profession or to the public against unworthy practitioners. Such examinations are all in favor of graduates fresh from the colleges, and decidedly against physicians who have been long in the practice, and who, while they have acquired a large fund of the most important practical knowledge, such as can be gained only from actual experience, are nevertheless ill prepared to undergo technical examinations in all the elementary subjects included in a college curriculum. Examinations without discrimination are absurd—ridiculous, and should not be tolerated by an honorable profession.

The reform, if such it be, should begin with the colleges themselves, and laws requiring a high standard of education are all that the public should demand. Boards of registration appointed to see that the purpose of these laws shall be fulfilled, are quite sufficient to protect the public against imposters and unqualified practitioners.

If, as Dr. Bailey suggests, a national law could be secured which would establish a uniform standard of medical education in all the states, the problem would be solved and justice would prevail.

American Institute of Homeopathy.

THE coming session of the American Institute of Homeopathy will be the fifty-fifth session in its history. Organized with scarcely a hundred of our fellows, to foster and spread the tenets of our school, it finds itself to-day the organized body of nearly or quite 20,000 acknowledged practitioners of the homeopathic faith. Yes, the entire body of the profession has been called upon the stage since the organization of this our grand old Institute, the oldest national medical society in the United States. What has it done for us? It has inspired noble fathers with a courage, a faith, a conviction, and has given to us a heritage, a knowledge, a conception of the greatest law of cure, and a most honorable place in the world as homeopathic physicians. It has raised the standard of medical education; it has moulded just and kindly legislation; it has swept away the barriers and opened to us every honorable place that awaits an honorable profession; it has given us a literature; it has made us what we are.

And what have we, its children, done for the American Institute of Homeopathy? In its fifty-five years, perhaps 4,000 of the many thousands who in all these years have avowed allegiance to our master, have for a greater or lesser time been members of the Institute. But only the few have been faithful laborers over many years. The greater number have reaped where others have sown. We cannot believe it is aught but carelessness and neglect of busy life, but had not the Institute moulded public opinion, corrected legislation, and builded for education, how many of us would have had the opportunities for a busy, prosperous life such as we have led? We ask you who, though brothers, are not members with us, to give us your support, and to render unto the American Institute, which has cherished you and your interests, that which is its due. From you, fellow members, we ask special and personal work. We ask you in every city of the land to arrange to meet your fellows in social gatherings or around the banquet board on the evening of Wednesday, January 25th, 1899. Let the evening be given to the recalling of the past work of the American Institute, to plans and vows of loyalty for the future, to a seeking of new members, to a recognition of the strength of a united force, to the giving up of the selfishness and thoughtlessness of the individual, to the cultivation of a labor not only for ourselves, but also "for others." The knowledge that on this one evening throughout the breadth of our land we are all giving ourselves to a common cause, may give to homeopathy and to the American Institute an impetus that shall enable her to place

the child of her love and care on a foundation as firm and strong as the granite hills. And may the medical press of February, 1899, give us reports of hundreds of meetings full of enthusiasm and loyalty, that shall sound from ocean to ocean.

BENJ. F. BAILEY, *President.*

EUGENE H. PORTER, *Secretary.*

Cheap Allopathic Diplomas.

“**T**ime was when we had to go to Keokuk for a cheap allopathic diploma. This was in the time of John Buchanan; and the allopaths raised such a furore when he was convicted of selling diplomas, that they covered up their own tracks, to considerable extent, and poor Buchanan—guilty devil though he was—had to shoulder the blame for many things of which he was really innocent.

“I practiced medicine a year in Missouri—years ago in the early seventies—and there became acquainted with a whole-souled, big-hearted, large-bodied fellow, who practiced allopathy on an allopathic diploma which he confessedly purchased at Keokuk for fifty dollars (at least he confessed it to me) upon less than three weeks’ attendance. He stood well with his allopathic confreres, seemed to know as much as the average, and was president of their county society.

“Cheap allopathic diplomas have always been in the market. When a brother of the writer graduated in an eclectic medical college in the east, after three years of close attendance under the old regimen, a representative of an allopathic college of high pretensions, about two blocks away, waited on him and asked him to become a ‘regular’ by purchasing an allopathic diploma at the modest price of thirty dollars—and this college has always been considered respectable. Money, however, was not so plenty that he could even risk thirty dollars in so foolish a venture; but the offer had the effect of forever lowering, in his estimation and mine, the value of an allopathic diploma.

“However, we have now reached that period on the Pacific Coast when allopathic diplomas are cheap at home, and it is not necessary to cross the Rockies to become the proud possessor of an evidence of ‘regularity’ for small money. The material comes cheap, and it will bear the marks of shoddy forever, whoever possesses it.

“You have heard the fable of the ass in the lion’s skin? If so, apply it here as you please.”—*Editorial, California Medical Journal, December, 1898.*

Book Reviews.

KEYNOTES AND CHARACTERISTICS WITH COMPARISONS OF SOME OF THE LEADING REMEDIES OF THE MATERIA MEDICA.—By H. C. Allen, M. D., Professor of Materia and the Organon in Horing Medical College and Hospital, Chicago. Published by Boericke & Tafel. Price, cloth, \$1.25 net; by mail, \$1.32.

The name of the well-known author at once excites interest in the work, and this monograph of Dr. Allen on the Characteristics of some Leading Remedies will be found valuable by the profession generally. Only the guiding symptoms and individual peculiarities are given. The plan of giving first the general symptoms, followed by the aggravations, ameliorations and relations is a good one and will meet with favor. It is a handy book of reference and a good one.

THE CHANGE OF LIFE IN WOMEN.—By J. Compton Burnett, M. D., London, England. Boericke & Tafel, 1898. Price \$1.00 net; mail, \$1.06.

The chief interest in all of Burnett's books is in their novelty, and this one is no exception to the rule. He revels in new theories and new remedies which please the author and excite the wonder of the reader. We are not prepared to endorse or reject this book. It is worth the price at any rate, and may be invaluable.

Late Literary News.

To have the men who have demonstrated their organizing ability by great business successes tell their secrets of organization, is the object of *THE COSMOPOLITAN*. That it is succeeding is proved in the January issue by the article from CHARLES R. FLINT, who is regarded in New York as one of the three or four ablest organizers in America. He is president of the Rubber Trust and the head of the great mercantile house of Flint, Eddy & Co., which has its ramifications in almost every port of the world. MR. FLINT tells very openly what makes for success in the organization of business. His article may be read with interest by the Rockefellers, the Armours, and the Wanamakers as well as the humblest clerk seeking to fathom the secret of business success.

In the same line is an article, also in the January *COSMOPOLITAN*, telling how Mr. Platt organized and conducted the campaign for the election of Roosevelt. It is by a gentleman who was actively engaged at the Republican headquarters during the cam-

paign, and who gives a vivid picture of the perfection to which political organization has been carried in New York State by the most astute of managers. The wary old Senator who has been a lifetime in politics and the youngest political aspirant will alike find food for reflection in MR. BLYTHE'S article.

Among the Journals.

O. S. Laws, A. B., M. D., of Los Angelos, California, contributes the following to the California Medical Journal:

"I suggested that we have a 'Symposium' in our Journal, on single remedies. They are the backbone of whatever science there is in therapeutics, and should be kept in view. As a starter, I offer one that is entirely new to the medical fraternity, as I cannot find it in any medical work.

"In botanical language it is known as *Negundium Americanum*. The common name is 'box elder.' It is a native of Kansas. It is a distant relative of the *Acer* family. I had just fairly begun to test its value when I left Kansas for California, and not finding it here, except as a shade-tree on the sidewalks, I cannot get any of the root bark, which is the part used. From the short experience I had with it, I conclude it is the best internal remedy we have for hemorrhoids. I have used *colinsonia* and *æsculus*, without ever being impressed with their prompt action. But *negundo* goes at it as a *colocynth* does in its specialty, so that the victim who has been writhing with an engorged rectum 'will arise up and call you blessed.' So you see this is not only a single remedy but a 'fundamental' one. The bark of the root of the yearling plants is what I prefer.

"Recent cases of hemorrhoids can be completely cured in this way, and the old hard cases temporarily relieved. So, gentlemen of the medical profession, I hereby introduce to you my friend *Negundo*.

THE AMERICAN HOMEOPATHIST.

The unanimous election of Dr. Genevieve Tucker, of **Congratulates** Pueblo, to the presidency [of the Colorado Homeopathic Medical Society] was a wise choice for our next presiding officer and a deserving compliment to one of Colorado's most talented and most successful physicians. Under Dr. Tucker's direction the State Society will grow stronger and better, the somewhat divided forces will be united and much

efficient work will be done for the cause of homeopathy.—*The Critique.*

[Yes, indeed, Dr. Genevieve Tucker will make a good president: she is competent, vigorous and homeopathic. So we have another One Woman gone to the head of the class! This makes three of a kind: Sarah J. Millsop, vice-president of the American Institute; Lizzie Gray Gutherz, president of the Southern Homeopathic, and now Genevieve Tucker, president of the Colorado State Homeopathic.

The American Homeopathist congratulates you, Dr. Tucker.

THE HOMEOPATHIC RECORDER.

Potency
Question
in an
Allopathic
Journal.

The following is suggestive in view of the new pharmacopoeia's declaration that there are no "molecules" of the remedy in dilution above the twelfth potency. We find it in the *Medical World* for October—the *World* is not a homeopathic journal:

"When Hahnemann declared that the thirtieth dilution of a drug would cure disease, it was unreasonable in the light of the science of his day, and the doctors persecuted him. To-day thousands of men whose scientific and medical education is the equal of any in the world, declare that Hahnemann was right. Come, then, and let us reason together. Prove all things, and hold fast to that which was good."

This is by a Dr. Alumbaugh. Worse still is this by Dr. Har-kon—they are discussing "The Thirtieth Dilution."

Case, Mr. S., aged 18.—Strong and healthy, was at work cleaning out an old fence row, and become poisoned with ivy; face, left hand and arm to elbow, both feet and limbs to knee; all badly swollen and containing the usual rash. Rash also appearing upon various parts of body temperature, 103°; tongue badly coated; appetite gone and quite free vomiting. He had been through the sugar of lead, butter-milk and cathartic treatment before coming to me.

Externally—a six ounce bottle of water colored with hydrastis, flavored with carbolic acid; to apply when itching was bad. Internally—*Rhus tox.*, two hundredth potency, five drops, three hours apart. Reports show a gradual improvement and soon at work again.

Really it looks as though our despised birthright would not long go a begging, when old school journals will publish 200th potency cures, and the new work will then be "out of date."

The Local Committee at Atlantic City will leave nothing to be desired at the next meeting of the A. I. H.

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Palliation in the Treatment of Disease.

By W. A. Burr, M. D., Sen. Prof. of Theory and Practice in The Denver Homeopathic College.

IT is hardly optional with the physician to give palliatives or not, in the treatment of disease. There is a strong demand on the part of the laity, also a belief almost universal among physicians, that he must do so. Though there may be somewhat of sentiment in this demand of the laity, and also in the all-but universal practice of physicians, yet the practitioner must listen to the demand, and in large measure conform to the general custom of the profession.

It would seem that as a people become enlightened they come to have an intolerance of pain. The pain and suffering that the savage or half-civilized person would willingly endure without a murmur, his enlightened brother could scarcely be induced to undergo. To a certain limited extent, this is as it should be, for improvement in the arts and sciences which civilization and enlightenment bring should contribute to the general happiness of man.

But there are degrees of physical pain, and whatever the state of culture and enlightenment of the patient, when the suffering has reached the point of tolerance, palliatives must then be administered even though used solely for their mollifying effect. I think Hahnemann himself would do this. Physicians very conservative in the use of medicine, recognize this need in emergency and desperate cases. As physicians, we all recognize the occasional need of palliatives, and to some extent we give them. The

questions are: To what extent shall we palliate, and what are the best means of palliation?

The one great aim of the genuine physician is to heal the sick. In curable cases, only such palliatives are allowable as will not lessen the chances of cure nor protract the disease. The average patient is willing to endure discomfort and pain, if he but understands that the best possible is being done to mitigate his sufferings that can be done without harm to himself. And here it becomes the duty of the physician to carefully explain this to his patient, who is racked with pain and calls for something to alleviate his sufferings. To do this successfully requires tact on the part of the physician, but in nearly every case it may be done. The experienced physician will carefully weigh the chances of recovery of his patient, and be able to decide, with a reasonable degree of accuracy, as to the final outcome. If his prognosis is final and complete recovery, his course of action becomes plain. In this case he would be unworthy to hold in his hands the issues of life and death if, against his better judgment, he yields to the pleas of his patient and administer some injurious anodyne. But is not this very thing all too often done, even by physicians of our own school, to the great injury of our patients, and with the effect of increasing our death rate.

In the rare cases where the pain is positively intolerable, or where the endurance of it is likely to work great harm to the patient, palliatives may be used, but with great care and caution. Also in the manifestly incurable cases, where death is inevitable, the principles of humanity would dictate the free use of palliatives. But even then let such anodynes be used, as far as possible, as will permit the patient to remain in the full possession of his consciousness, and as far as may be, of his mental powers also.

It is sad enough to have a patient die while unconscious; when there had been no kind of warning of impending danger, as will sometimes occur. But for the physician to himself elect that this shall be the case, and with his own hand administer the lethal dose that is to close the career of an immortal being, and usher him into the world to come without his consent or knowledge, is in my opinion, a terrible thing to do. The average person has

some "last thing" to say or do before he closes his eyes forever to things of earth, and by no act of physician or friend should the opportunity to do so be taken away.

Sometimes some friend of the incurable and dying patient begs the attending physician to give some harmless remedy that will render the dying mortal unconscious, for the sole purpose of taking away all knowledge and fear of death. As to the extent to which this may be done, or whether ever at all, is one of those grave questions concerning which the best and the wisest do not agree. And the question may arise right here, whether any remedy can produce such an effect, without at the same time, or at least in some measure, hastening the hour of death.

But the question remains : What are the best means of palliation? On this question let the answer of the Homeopathic Physician be clear, definite and decisive. *It is by giving the homeopathically indicated remedy.* How many hundreds of times has the experienced Homeopathic Physician proven this to be true. And are there not good and sufficient reasons why this is so?

The remedy that sets up a restorative process and finally cures any given disease, would naturally be the best mollifier of the pain and unrest arising from such disease. The remedial agent that restores to any organ, tissue, or cell, its normal tone and function, is the very agent that will remove the pain arising from a depraved state or abnormal condition of that organ, tissue or cell. What could be plainer truth than this? It is reasonable. It harmonizes with the experience of Homeopathic Physicians everywhere. These truths surely apply to all curable cases of disease.

And in the incurable cases, where the well selected remedy does not afford relief, it is well to be wary of the ordinary anodynes. Temporary palliation with strong drugs is very often, if not usually, followed by aggravation. In the limited number of cases where I have given opiates for their anodyne effect, I have generally regretted doing so. The temporary relief secured was apt to be followed by harm later on. The best form of opiate, in my opinion, is *codein*, in the first or second decimal trituration, given in such

small doses as to produce the desired palliation without narcotism.

This anodyne was recommended by Ludlam thirty years ago ; the Professor remarking as he made the suggestion, that it was worth something to a physician sometimes to be able to say he did not give *morphine*. But even the *codein* used in this safe way has not been very satisfactory, and has often been followed by harm to the patient.

Dr. G. H. Martin has this to say about the value of ferrum phos. 12x and Kali mur. 12x in tonsilitis : "The patient remarked that he could feel the effects of the last remedies all through his body, quieting and soothing the nervous irritability after every dose."

Dr. J. T. Kent says of tarantula cubensis in consumption : "It soothes the dying sufferer as I have never seen any other remedy do."

Dr. S. A. Phillips, of Boston, says : "In our surgical cases, by the use of Calendula, Hypericum, Hamamelis, Arnica, etc., rapid healing is promoted, suffering is greatly lessened, and with the further aid of other indicated remedies before and after operations, opiates are rendered unnecessary in nearly all cases, and convalescence thus promoted and hastened."

But Homeopathic books and journals abound in similar expressions, showing the wonderful palliative effect of the Homeopathic remedy. This is, moreover, the common experience of all true Homeopathic Physicians.

Perhaps if we were to look for this palliation, we would find it oftener than we think. And how many times better this way is than to benumb the sensibilities with powerful narcotics which must occasionally do great harm to the patient.

The old school make free use of palliatives. Would they not do so much less if they were guided by a universal law for cure ? The technique of their surgery may be conceded to be good, but surgeons of our school believe they err in using anodynes so freely after accidents and operations. According to Strickler's statistics, which, so far as I know, are not questioned by our school, and have not been answered by the old school,

Allopaths lose three patients to our two. Is not their increased death rate due in part to their free use of anodynes and narcotics?

I think I have observed in my own experience that the Homeopaths who resort most freely to the use of narcotics have the greatest death rate.

But no physician may forever and always refuse to administer anodynes. He would be very inconsistent to do so. Drug palliatives must occasionally be used, but they should be used most conservatively. According to Hahnemann, "The first and sole duty of the physician is to restore health to the sick." But this may occasionally best be done by using some palliative, other than the Homeopathic remedy, with which to mollify severe pain.

Diagnosis of Heart Disease.

By George E. Brown, M. D., Professor of Medical Diagnosis and Diseases of the Chest, in the Denver Homeopathic College.

It is important to the consideration of this subject that we recognize the difference between functional disturbances, or subjective symptoms, and organic disease of the heart.

The former is quite common, and gives rise to complaints altogether out of proportion to the seriousness of the disorder.

A patient, generally a lady, of neurotic habit, comes to us complaining of her heart, either of pain or palpitation. If of pain, a little investigation will probably determine it to be intercostal—either neuralgia or pleurodynia. Of course it may be pleuritic, but in the great majority of cases it is not in the heart.

Palpitation is exceedingly common in the nervously exhausted who have occasional indigestion, attended by flatulence; or who are tea tipplers, or otherwise nurse an excessive nervous reflex excitability.

The people who complain the most about their hearts seldom have heart disease, in the sense of organic or appreciable

disturbance; while the victims of real organic diseases of this important organ only exceptionally refer whatever disorder they may have to the heart, or make complaint of distress or pain in the cardiac region.

It is only in the advanced cases of valvular disease, or degeneration of the heart muscle, when the efficiency of the heart as a *pump* begins to fail that the feelings of the patient, and the general signs are such as to direct attention to the heart.

Although even in such cases, several instances are known to me where there had been a failure to recognize the true nature of the case, a diagnosis of consumption, or of Bright's disease, having been made.

In two instances patients had been sent to the consumptive's Mecca, Colorado, where they were the victims of serious heart lesion, with no discoverable evidence of tuberculosis; they had the symptoms, however, or *somewhat* of the prominent symptoms that are supposed to announce that disorder, viz., cough and progressive emaciation and anaemia.

We are almost absolutely dependent upon *physical signs* for the recognition of heart disease, not only in the chronic cases, but also the acute.

It is the *rule* that an acute endocarditis, or, to be more specific, valvulitis, is overlooked, as the disorder comes on during the progress of some other disease, usually rheumatism, and in the minority of cases only do the complaints of the patients direct attention to the heart.

It is the duty of the physician in attendance upon a case of acute rheumatism to make frequent examination of the heart. Of course it is all the more necessary in cases of acute or subacute rheumatism occurring in childhood. The liability to cardiac involvement is not proportioned to the severity of the attack, or the number of joints involved. According to many clinical authorities from forty to sixty per cent. of the cases of rheumatism in children under fifteen years of age are affected by endo or pericarditis; the inference therefore seems warranted that a very large number are overlooked, with disastrous results in the after life of the patients; for nothing is more certain than that the

early recognition and right treatment of a case of cardiac rheumatism will greatly limit the extent of the mischief.

There is a difference of opinion among the English and German physicians as to the frequency of this complication, because there is not universal agreement as to what constitutes clinical evidence of the disorder. But at the present there is among English and American authorities quite general concurrence of opinion that a mitral systolic murmur which makes its appearance during the first week or two of a ehenmetic attack is positive evidence that we have a case of endocarditis; a murmur which first appears after several weeks of an exhausting illness, whether it be rheumatic fever, or typhoid, or scarlet fever, probably is due to muscular incompetence, and will disappear as the patient acquires his general and cardiac muscular tone.

We should be on the alert for heart inflammations in children who are subjects of the rheumatic diathesis—that is, in those who may never have had a frank attack of rheumatism but have had recurring attacks of tonsilitis, or of eczema or urticaria, or who have had the so-called “growing pains.” I am utterly sceptical that there is such a thing as pains in the limbs or joints due to growth simply; such cases, I fancy, are either rheumatic or scorbutic.

In the diagnosis of chronic valvular disease too much stress cannot be placed on the importance of locating the apex beat, for as in the vast majority of cases of valvular disease, it is either the mitral or aortic valve or orifice that is affected, and as these affections bring about a condition of *hypertrophy*, the apex beat would of course be displaced to the left and downward. So that it becomes a good working general rule that if on inspection of the bared chest of a patient the apex beat is observed in its normal position in the fifth intercostal space, there can be no *chronic* valvular lesion,—per contra, if the apex beat is displaced there may be, and probably is, if we can eliminate, as causative factors, diseases of surrounding organs that either draw or push the heart out of position.

Of course, if the apex beat is not visible, then we determine its location by auscultation, considering that where we hear the

first sound with greatest degree of loudness, there is the location of the apex.

We may have heart murmurs in cases where the apex is not displaced. Usually such murmurs, however, are at the base of the heart, and are heard with greatest distinctness in the second left or right intercostal space, and are of hæmic origin. They are, of course, always systolic.

It would be wrong to make the inference that a heart murmur, unattended by displacement of the apex beat, is of little importance, because if it originates in a valvular lesion, the tendency of such a lesion is to increase; and again, sooner or later, the heart may be subjected to some extra strain, as during an acute disease of almost any kind, or sudden physical effort, as running to catch a train, or making an extra spurt in bicycle riding, when incompetence of the heart, or failure of compensation, with suddenly developing dilatation, may take place.

A caution should, perhaps, be given, regarding the significance of displacement of the apex beat in athletic individuals, and especially in those who are undergoing, or have recently undergone a course of training in preparation for a physical contest of any kind, as bicycle racing, prize fighting, rowing or running, etc. Under such circumstances a condition, properly designated physiological hypertrophy, may exist. Here we would not expect to find a heart murmur.

If you have a case of chronic cough, with occasional dyspnoea perhaps, or of indigestion, or so-called biliousness, or of diarrhoea occurring at intervals, or scanty urination with copious urates and possibly albumenuria; or of menorrhagia or metrorrhagia, especially swelling of the feet or lower extremities, do not fail to investigate the cardiac status, for very often such symptoms are due to venous congestion, the result of valvular heart disease. There may or may not be irregularity of the heart's action, or heart pain or distress, in children. Epigastric pain is more common. The important thing to determine in a heart case is not the existence or non-existence of a valvular murmur; and always bear in mind that the loudness of a murmur is no indication of the seriousness of the lesion, because a very serious val-

ular disturbance may be attended by a comparatively feeble murmur. The chief thing in heart diagnosis is to ascertain the condition and efficiency of the heart muscle, and the degree of obstruction to the circulation as shown by the condition of other and remote organs.

Auto-intoxication.

By Luther J. Ingersoll, M. D., Denver.

In speaking of self-poisoning I shall need to dwell somewhat upon the cells and their action. Vegetable cells have walls and are cups, but animal cells, generally, are not cells, in the sense of being enclosures or vessels. The animal cell is a small mass, or "lump" of organized life. It is a life center, and seems to possess five distinct, essential functions. Like every living thing it has the power of MOVEMENT,—not locomotion, or even vibration, but muscular expansion and contraction, as of the lungs in respiration. This kind of movement is characteristic of all animal cells and is essential to life and function. The cell has the power to ASSIMILATE," or to take up nutriment from the arterial blood, by which it is continually surrounded. The cell assimilates to GROW. It grows by subdivision. It multiplies, or has the power of REPRODUCTION. Finally, the animal cell EXCRETES.

There cannot be movement, assimilation, growth, reproduction without waste, and this is what the cell excretes, or throws off as deleterious to its functions.

Life, health, disease, and probably death, originate in these cells. We live and die here. The cell, then, is of supremest importance to the physician.

It has been said that we think under water. But we do not breathe under water. We breathe oxygen, dissolved and diluted with nitrogen. We breathe to secure oxygen for the blood and cells, that nourishment, oxidation and elimination of waste, poison matters, may be complete throughout the body.

The skin uniting with the mucous membranes at the borders of the orifices, constitute a double sack, one within the other. Between these two sacks are located the organs, bones, viscera, glands, nerves, blood vessels, lymph channels and vital cells. These cells in their aggregate are really us, since cells perform all the functions of life. They work on, immersed in liquids, or nutriment prepared in and assimilated from the digestive tube. They take out of the surrounding fluid what they need for repair, growth and vitality, and give back their waste, the dead tissues, for elimination. The cell is a life, or vital cell, because in it aliment is vitalized and made a part of the body and becomes a vital force to execute vital functions.

But the cell is not only a life center, it is also a death center. The processes of health are at the same time the processes of disease. The cell, in the performance of its life functions, casts out into the general stream of lymph channels what it cannot use, and this rejected matter becomes a source of poison to every part of the body, so long as it is retained. This is auto-intoxication. The discoveries of Bouchard, Rogers and many others prove that here is the great cause and source of disease, and specially of chronic disease. So that self-poisoning becomes a very important and practical subject for our consideration.

Vitality is a life force which seems to inhere in every healthy body. Perhaps it originates in the nerve cells of the brain or cord, and is passed on to the muscle cells. But vitality depends wholly upon the assimilation of nutriment from the digestive tube. If too little nutriment is furnished or taken up by the cells, weakness and exhaustion at once arise, and the vital force abates.

If too much aliment is forced upon the blood, it becomes a burden upon the cells and tissues. It must be gotten rid of, or it clogs the cells and prevents their functions, as an irritant or poison.

Unwholesome foods and drinks and all substances not found incorporated in the body, or needful to it, and which in themselves are poisons, or irritants of the structural parts of the body, its fluids and tissues, are sources of harm and poison to the

nerves, mucous membranes and cells. Alcoholic drinks, in health and disease, tobacco, opiates, and crude, poisonous drugs, whatever unnaturally depresses, or stimulates the cells, are self-poisoning in their effects.

The processes of life, growth, and vitality, the pleasures of the table and cup, are also the processes of decay, disease, and even of self-destruction.

This may seem a gloomy, morbid view to take of ourselves and of life, but auto intoxication is a fact, and this fact, which impells the patient to seek our aid, calls for the learned, discriminating, clear-brained doctor, who knows what poisons are and what they do, whether they arise as waste, dead tissues in the cells, or otherwise gain entrance to the body; and knows the kind of disease they produce, and how safely and quickly to destroy these poisons and liberate these vital forces.

The invalid, and especially the chronic invalid, is sick because, knowingly or ignorantly, he has violated the laws of health and continues to do so.

There is here an interference with cell action. The cells are engaged in building up and repairing the body. They pour into the nervous circulation waste, toxic matters for elimination through the lungs, liver, kidneys, skin, mucous membranes, thyroid, and thymus glands, and thus these deleterious poisons are drained out of the body, disease prevented, and the vitality maintained. Whatever hinders the fullest activity of the cells, restricts their functions and leads to auto-intoxication. I make no crusade upon woman's dress, but probably no one habit is more harmful than the compression of the lungs. It is especially harmful for young and rapidly growing subjects—before the bones have sufficiently matured and the muscles hardened to hold the spinal column erect, and to protect the organs and tissues within the thorax and near to the diaphragm. Restricted breathing from any cause means too little oxygen to aerate and properly move the blood; to complete oxidation and remove the dead tissues from the cells, or to maintain a normal temperature. It means that the food fails to nourish, that energy and endurance are diminishing, that the movements of the diaphragm, so essen-

tial in urging onward the fluids of the body, especially the lymph around the cells and joints, and in the lymph glands and channels, are sluggish and imperfect, means the slow but sure displacement of all the organs and viscera, and narrowing of the blood vessels within the abdomen and pelvis—that their functions are all and all the time but feebly and partially performed. It means that not a normal function in all the central organs is executed, and the great sympathetic nerve, by some one called “the brain of the abdomen,” which presides over the essential organs of life, is in constant fret and excited exhaustion.

Here, in multitudes of chronic invalids, is the beginning of mal nutrition, from dyspepsia, constipation, cold extremities, reflex headaches, spinal irritations, and general collapse. Restricted breathing (and no chronic invalid is a good breather) and an insufficient supply of oxygen, starves and numbs the cells, destroys their vitality and power to eliminate poisonous matters.

But compression of the lungs is only one way of producing this clogging and inactivity of the cells. Improper clothing, ill ventilation of our sleeping and living rooms, absence of personal cleanliness, or a general neglect of proper healthful habits, bring the same condition of disease.

Let it be thoroughly understood that whatever prevents the normal, free, full activity of these life and vital cells, where health or disease originates and is maintained or first lost, destroys nature's balance and equipoise between the muscles and the nerves. Here the muscles, deprived of nutrition, and still retaining their poison waste matters, are debilitated, and rapidly become soft and flaccid. At the same time the nerves are in a constant fret, too sensitive and too much alive. We daily meet this condition where the muscles are underfed, too little nourished, but the nerves are over fed, over nourished. Dr. Tyler says we should not call this condition “nervous prostration but muscular prostration.”

It is not the production of these poisons, but their excess and retention in the cells and in the venous circulation and lymph channels which cause ill health. We know that uric acid, which arises as a waste from worn-out and retained dead tissues, is the

cause of rheumatism, nephritis, reflex headaches and certain inflammations; and that urea, another poison produced in the cells, is the cause of spasms, convulsions and chorea. Following along these lines of known causes, it becomes almost certain that these uneliminated poisons so accumulate in favored localities as to cause the death of the mucous membranes and of the overloaded poisoned cells themselves, and produce there the diphtheria membrane, or other infectious diseases, with their swarm of bacteria. These dead tissues in the cells are probably the ptomaines and leucomaines which underlie locomotor ataxia, epilepsy and all chronic forms of disease. How movement affects the cells, the circulation of the fluids, and the elimination of toxic matters, and secures nutrition for the whole body, I must reserve for future consideration.

Quinine "Grippe."

ALREADY the victims of this very common malady, which crops up during an indefinite period following a "grippe" season, are presenting themselves.

One man informed the writer that he had swallowed 60 (sixty) grains of quinine in two days. He was pale and trembling and exhausted, but said if I thought it necessary he would try a few more doses of it. I begged him to spare his system further assault and allow the balance of the available supply to go to Manila to the poor fellows who believe they have to swallow a certain amount daily to comply with army regulations.

What a difficult thing it must be to practice in the U. S. Army with a gripsack full of quinine, a hypodermic syringe and half a peck of blue pills!

The patient will drop into your office and tell you he has had "grippe," and seemed to get over it after a few days, but now has what he chooses to call "secondary grippe;" that he has no appetite, his bowel is constipated, mouth is dry or gummy, tongue coated, bad taste, general lassitude, and perhaps he can-

not get warm, his eyes are red or dull-looking, his skin sallow or pale, and he is irritable and disgusted with everybody and everything. He is a quinine (poisoning) case. Do not scold the poor fellow—give him his Gels, China, or whatever his poor abused system seems to call for, and wait a few days to read your second book of Job to him, he couldn't bear it now; but it is your duty to try to impress on him later that no sane man would use quinine more than once in many years, if that often, for any condition where there is threatened or actual engorgement or inflammation of mucous structures, pelvis, abdomen or chest, or in fact for anything I can think of just at this moment, and certainly not for "grippe." I never use it; *it is a protoplasmic poison*. We need the protoplasm in our business, especially that very necessary factor in all repair, the leucocyte, and this most important systematic constituent (of whose kindly utility we have much yet to learn on top of what we already know) never long survives the quinine treatment, and indeed never fully recovers after the first severe shock of it (malaria—quinine—cachexia).

How sorry we should feel for any intelligent physician of the "New" or physiological school, who could so far forget himself and the basic principles of his therapeutics and drug pathogeny as to employ this destroyer of life for a few hours of palliation or counter-irritation!

Its use in fevers is little short of criminal. How much better is the fever than the destroying angel sent to quell it!

Doubtless the Bolivian monks were execusably impressed with their discovery of the bark, and no doubt the Countess of Cinchon believed the Creator had left it for her and her monastic friends to "smash" all sorts of fevers (?) in record-breaking time and rid the world in general, and the sick in particular, of everything that looked like "heat and thirst" wherever found. Strange that even the Bolivians could not see that "heat and thirst" had saved more people from "dust to dust" than all the doctors under the vault of heaven.

The patient who gets quinine usually has only the grace of God left to him, as vital statistics will prove beyond question, now that there is a new school—imperfect, but perfect by com-

parison—in diseases that are simple as well as those that are profound in systematic disturbance; but it is, perhaps, not unreasonable to presume that even dense minds—made so by prejudice and false training—will in time yield to the inevitable, and come to admit that the human economy is never benefited but, on the other hand, is inevitably injured to a greater or less degree by the administration of crude drugs. And QUININE is one of the worst of these.

A. C. STEWART, M. D.

Denver, Colo., January 30, 1899.

The Dream of Years.

FOR fifteen years Denver has needed a Homeopathic Hospital; but how to get it when no assistance from the city or county could be obtained was a very serious question. Meanwhile the need became a crying necessity. Wise heads planned and brave hearts grew strong, and hands began to work.

First came a Homeopathic Club as a rallying center. Ideas multiplied, harmonized, cemented into a local point where beat warm and strong the great Homeopathic sentiment of this Rocky Mountain region. This club organized a company known as "The Denver Homeopathic College and Hospital Association."

About four years ago Colorado, like this young Hercules of the mountains, sold memberships to themselves at par, and one fine morning a new flag of hope and mercy to the sick was unfurled, and the long hoped-for hospital was a glad reality.

Nor was this all. New friends rose up in cañon and plain, city and hamlet, and the young child outgrew its first cradle, and its needs demanded larger and better accomodations. The old question came up, "How can this be done?" The club said the Homeopathic College would help; the two must go together, and Denver is the logical center of both. The thought burned down into the heart of the profession. A Homeopathic college became the watchword of the club. In October of '94 the Homeopathic

College drew its first breath. It ate and slept well and grew normally in usefulness and efficiency. Then came the grand helper, The Woman's Homeopathic Hospital Club, to assist in any way and every way the good work. They put their hands to the plow and the furrows became fruitful.

The Hospital Envoy, ever bearing good tidings, went forth each month to the homes as the voice of the Woman's Homeopathic Hospital Club, and is still going, telling you of what is being done in these two great and much-loved institutions—the Homeopathic College and Hospital.

Through the *Envoy* these women have asked innumerable things needed in the hospital, nor have they asked in vain. They asked, too, for money to endow a free bed, and about one-fifth is raised and is drawing interest, and by this they have extended charity to a number.

But of all the good things said and done, the very best of the feast is yet to come. These morning stars have ushered in a more glorious orb to grow more brilliant as the years of prosperity come to us. In the eastern part of our city, upon a beautiful site, surrounded by small parks, stands the new Homeopathic Hospital, not all complete, only one wing capable of accommodating forty patients. Good fortune has fallen to hospital, college, students, and teachers; all are under one roof and perfectly harmonious; no such accommodations elsewhere in the mountain states. The hospital is a veritable gem for beauty, finish, order and arrangement; large airy rooms, nothing omitted, nothing unsightly from cellar to garret. All is for use. On the first floor are the college class rooms, laboratories and x-ray room. Also a reference library for students, dining room, kitchen, furnace room, laundry, cold storage rooms, sleeping rooms for the help.

On second and third floors are large, wide halls and rooms for patients, serving rooms fitted with gas stoves, hot and cold water, shelves, drawers, etc., bath rooms, speaking tubes, dumb waiters, in fact, every modern convenience. Two large porches, fronting east, where convalescents can get the morning sun. We really believe that this building is the most completely arranged, plumbed, lighted, heated, ventilated public building in the state.

It is finished throughout in natural wood. If any room in this hospital excels in design and finish it is the operating room, with its white tiled floor, cement walls, rounded corners and perfect windows, so arranged that the operator will never work in a shadow. So stands that part of the Homeopathic Hospital now nearing completion, and all who hear these glad tidings, all who love humanity, come and rejoice with us on our opening day, that our opportunities are enlarged for helping the sick. The stranger, the unfortunate, those without homes, may here find a haven of rest.—*Homeopathic Hospital Envoy.*

About Vaccination.

THE war with Spain teaches a lesson, in characters writ large, for those not too blind or too wilful to read. Two hundred and fifty thousand men were called out. Each man was physically examined, and only those free from disability, or threatened disability, of any nature, were accepted. This army was, physically, the best the nation could produce. The greater part of them had served in camps, and some of them in active service, without special suffering. A blight fell on this superb army. Whether in Cuba or Porto Rico, the Philippines or at home camps in the highlands or on the seashore, the same tale came, and many of the physical wrecks are now with us, while for months a furious quarrel has raged as to who is responsible for this remarkable blight. Those responsible for this state of affairs are those who support and enforce that relic of barbarism, the lineal descendant of Asiatic inoculation, vaccination.

The medical department decreed that all those physically perfect young men must be vaccinated to "protect" them. So they were vaccinated.

The result: Blight!

Our superb army in every quarter of the world, at home and abroad, sickened or died by the tens of thousands. And men

said it was this and that and the other thing, but the great cause of the blight was vaccination. Men will sicken and die in any place, but not as our vaccination-blighted army did. The newspapers reported the fact of whole regiments being rendered unfit for duty at the time of the vaccination, but, apparently, neither newspaper nor medical department had the eyes to see that an operation like this might act in a very deep-seated and lasting manner as, in fact, it does. In place of "protecting" the system this antiquated rite simply weakens and renders it an easy prey to all diseases. That is the truth.—*Homœopathic Hospital Envoy*

The *Star*, of London, says that the latest published report from Germany on smallpox and vaccination gives eleven deaths resulting directly from vaccination, four hundred and fifty cases of smallpox, with seventy-seven deaths, "being at the rate of 19 per cent., rather more fatal than when nobody was vaccinated." Vaccination costs Germany thirty million marks a year, equivalent in United States currency to about \$7,000,000, and there is supposed to be no smallpox there. It is strange what a strong hold this superstition has on the official mind; it seems to think that the heavens will fall unless the human race is inoculated with some kind of pox. Once it was the disease itself that was used, *i. e.*, the people contracted (inoculation) smallpox in order to be protected against smallpox. This reminds us of an old gentleman we knew in youth—a good while ago—who one day fell off his horse in a mud puddle; when asked why he did so, he replied that he knew he had to fall so he selected a soft spot as there was a stone pile immediately ahead. Why a healthy human being should voluntarily contract smallpox or cowpox, is one of those things which, in the language of the late Lord Dundreary, "no fellow can find out." If the officials (and the "great editors" of the daily press) would consent to the repeal of the compulsory laws and leave the matter to the common sense of the people, the rite would soon be classed in the same category with those of the voodoo practitioners."

In a notice of Dr. Cross's pamphlet, "Vaccination a Fallacy—Its Compulsion a Crime," the *North American Journal of Homœopathy*, one of the strongest of homeopathic periodicals, says:

The writer would like to add to what Dr. Cross has said. He has had at least two deaths due to vaccination brought to his personal attention. One or two other cases where vaccination has undoubtedly been the cause of a long series of untoward symptoms have made the writer refuse to recommend vaccination. He would use the vaccine virus as he would the diphteria antitoxine, only on the urgent solicitation of the patient, and with the understanding that the patient assume all responsibility.

Our army will soon be in a position to help on this vaccination question. Before proceeding to the Philippines, or to Cuba, all our troops were vaccinated, because of the prevalence of smallpox in those places. When the medical history of the war is written, this wholesale vaccination and the results obtained ought to furnish most valuable data as to the utility or otherwise of vaccination.

Dr. Clarke, in Indianapolis *Sentinel* of Sept. 5th, after noting the fact so plain to all save the old Bourbons, who neither learn nor forget, that vaccination was the root of a *very* large proportion of the disease our army has suffered from, adds the following: "Other countries have learned this terrible lesson and we should profit by their experience. In Sweden, Norway, Belgium, Holland and Switzerland no soldier is now obliged to be vaccinated. The vaunted protective power of vaccination has been proved to be a myth, and it has rather proved, as Dr. Oidtmann, staff surgeon of the French army at the siege of Paris, in 1871, says: "Vaccination tended rather to extend smallpox in the army than to protect from it."—*Homeopathic Envoy*.

Dr. T. S. Hoyne, one of Chicago's veteran homeopathists, and a grandson of Dr. John T. Temple, the first homeopathic physician in Chicago, died in that city on Wednesday, February 4th. Dr. Hoyne is the author of several well-known medical works, among them being "Hoyne's Materia Medica," "Clinical Therapeutics" and "Encyclopedia of Homeopathic Biog-raphy."

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

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All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 403 California Building, Denver, Colorado.

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EDITORIAL.

In Their New Home.

JANUARY nineteenth, 1899, marked another grand step in the progress of The Denver Homeopathic College and Hospital, for on that day the new college and hospital building was completed and thrown open to public inspection. Several thousand of Denver's best citizens took occasion to look through the new hospital, and freely expressed their surprise and gratification at its beauty and completeness. The ladies of The Woman's Homeopathic Hospital Club and the College Faculty acted as a reception committee, and the visitors were entertained during the evening with excellent music and an unlimited supply of light refreshments. The interest manifested by the people in our hospital work was exceedingly gratifying to the faculty and the noble band of women who have made the enterprise such a brilliant success. Since the inception of their hospital work, four years ago, in a small building with but eighteen beds, none have faltered in the good work. Beginning without means, but with strong hearts and an abiding faith, they can now contemplate with satisfaction the completion of their fine hospital, fully equipped; and in addition to all this, there has arisen a strong public desire to maintain and support the work already accomplished. All feel that this is really but the beginning of a much greater work. The establishment of this homeopathic hospital on a firm financial basis has aroused a somewhat latent public sentiment in favor of homeopathic institutions, and, on the principle that "nothing succeeds like success," many who have watched our efforts in fear and doubt are now ready to lend a helping hand in all future effort.

To the college faculty, this is one of the most gratifying results of their labors. Success, appreciation and public approval ought to make the Colorado profession proud of its accomplishment.

The Denver College is one of the firmly established institutions of the West. It has always maintained a high standard of education. Every year has witnessed an increased number of matriculants; the faculty has been steadily augmented and strengthened, and now, with a new college and hospital under its control, the future seems bright with hope.

THE CRITIQUE, as the exponent of homeopathy in the Rocky Mountain region, takes a pardonable pride in the fact that it has always labored strenuously in behalf of the Denver College. That some of the success has been due to its unfaltering support will not, we believe, be questioned. The upbuilding of homeopathy has been our sole aim and purpose, and so it shall be in the future. In this endeavor we again ask the united support of the homeopathic profession.

Christian Scientists Oppose Medical Legislation.

THE introduction of a bill in our State Legislature to regulate the practice of medicine in Colorado, has raised a storm of protest from the Christian Scientists against the measure, notwithstanding that it is meant to apply to the three recognized schools only. The bill provides for an examining board composed of three homeopaths, three eclectics and three allopaths, to which is added a "Medical Council" composed of the State Superintendent of public instruction, two members of the State Board of Regents, the Attorney General and three physicians to be selected from the board of examiners—one from each school. The chief provisions of the Act are that all applicants who desire to *practice medicine* in this State shall possess a diploma from a reputable medical college, shall present satisfactory evidence of good

character and professional standing, and shall pass a satisfactory examination before the board of examiners. The results of such examinations are to be referred to the "Medical Council" for review and approval or rejection.

As we understand it, the bill is not designed to interfere in any way with persons who may attempt to heal the sick without the use of medicine. The prime object is to protect the profession and the public against incompetent and fraudulent *practitioners of medicine*. The homeopaths, at least, had no other purpose when they gave assent to this bill. We believe in the utmost freedom of opinion for all, but as a school of medicine we feel the need of legislation which shall enable us to protect our ranks against the invasion of imposters who attempt to practice under the name of homeopathy, and who, by their methods, bring disgrace and contumely upon our profession. Further than this we would not go. We have no desire to interfere with the opinions of any citizen of Colorado regarding his medical faith or affiliations.

The aim of the proposed legislation is to raise the standard of medical education and to keep incompetent practitioners out of this state, which has become the dumping ground for quacks from all parts of the world. The homeopathic school makes no opposition to so-called Christian science. We simply desire to maintain a high standard of ability, qualification and professional honesty in our own school, and to this end, have asked for the needed legislation.

We presume the following clause in the bill is the one to which objection is made, but fail to see wherein it applies to anybody but physicians and surgeons:

"Any person shall be regarded as practicing medicine and surgery within the meaning of this act who shall publicly or privately act as a physician or prescriber for any person having any bodily injury, deformity or disease, or who shall use the words or letters 'Dr.,' 'Doctor,' 'Surgeon,' 'M. D.' or 'M. B.,' before or after his own name."

Editorial Comment.

THE action of our City health officials in offering free vaccination to all comers is a palpable imposition upon the medical profession. Sentiment might say that no self-respecting citizen would avail himself of such an offer unless compelled to do so by stress of circumstances, but sentiment and reality are strangely divergent in this instance. Hundreds of well-to-do people daily flock to the health office for the free service. It is not at all a question of charity, but a deliberate and unwarranted invasion of professional rights. Since the health officials have undertaken this form of free treatment without discrimination, may we not soon expect them to enlarge their field of operation and extend the benefits of the gratuity to all of our patrons, and in all classes of disease?

And yet, when we think of it, this invasion of our rights and resources by the health officials is not so surprising in view of the fact that the profession has long submitted to much greater imposition at the hands of the corporation and contract doctors. The methods of the health commissioners are slightly more favorable to the patient in the fact that nothing is paid for the service, while the patients of the contractors do pay a small monthly stipend.

THE outlook for the medical profession is most discouraging and humiliating at this time, and will be so long as the schools (more particularly the allopathic school) continue to ignore the many obvious violations of the code of ethics by physicians who engage in such unprofessional practices as that of serving corporations and other organizations for a modicum of established fees, and who, by this means, divert thousands of patients from the legitimate channels of regular practice. Why do we continue fellowship with the railroad surgeon (so-called), who treats employees for fifty cents per month; the contract doctor who works for even less, or the health commissioners who

treat our private patients for nothing? Not even the shadow of the old time professional dignity and honor is left to us.

GENTLEMEN of the old school, quit sneering at your scientist or osteopathic brother until you can make a better showing in your own household!

The allopathic school of medicine has evolved more untruth, assumption, presumption and utter nonsense in its theories and therapeutics than have ever emanated from all other sources combined. One theory after another has been promulgated and then abandoned until the people now readily anticipate the inevitable fate of any new proposition. At present microbes and anti-toxins are in the lead, but their future is not doubtful. Even now they are little more than a hateful memory in the public mind.

THERE is a message from the east to our office which says that plans are being rapidly perfected for the coming meeting of the American Institute of Homeopathy in Atlantic City next June. The exact date of the meeting is not yet announced but will be in short time. The local committee is hard at work, and if their efforts count for anything this meeting will surely be a success. In Buffalo, when they asked for the meeting for 1898, they promised to furnish the most pleasant rooms it has ever been the pleasure of the Institute to meet in, and it looks as if they would keep that promise. More will be said about the meeting place later. President Bailey is about making a trip east to meet the committee of arrangements, and then plans will be perfected. But it is not too early for our readers to begin to think of their trip to the meeting next June.

THE *Medical Visitor* in discussing the question of medical education, says our colleges ought to teach all that the allopathic colleges teach and then add to that homeopathy.

"Well, wouldn't that jar you?"

NOTHING has so hurt pure homeopathy as the endeavor by some of our eastern colleges to work in upon unsuspecting

students the teachings of allopathy under the guise of science. Has allopathy ever evolved one single scientific truth in therapeutics that has stood the test of time? Not one.

ABOUT three years ago two young graduates from the Boston University medical school (homeopathic) came to Denver to practice their profession. On being invited to join the Denver Homeopathic Club, they declined on the ground that "they did not know whether they were homeopaths or not and that, though they were educated at a homeopathic college, they deemed themselves qualified to practice all kinds of medicine" And they do, a la Medical Visitor. *Qualis rex, talis grex.*

THE worst thing about Christian Science is its name, which is meaningless and absurd—neither Christian nor scientific. The original name, "mind cure" was much better because there was something suggestive about it.

FINANCIAL insufficiency is increasing in virulence among the medical fraternity and many casualties are reported. Doubtless there is a microbe at the bottom of it all which will have to be discovered and killed, but as a scientific experiment we suggest that an antitoxine might be prepared from the brains of health officials and contract doctors that would be efficient in arresting the further progress of the malady.

College and Hospital Notes.

The new college and hospital building is a thing of beauty, and the students and faculty are justly proud of their new quarters. Situated in one of the most desirable parts of the city, near the center of population, surrounded by parks and bathed in light and sunshine, it is not doubted that greater zeal than ever will pervade the entire institution.

One of the notable additions to the usual hospital equipment

is a fine X-ray room with complete X-ray apparatus. By the way, this hospital has the distinction of being the only one in Denver, thus far, to provide X-ray facilities to its staff and patrons.

The new hospital is rapidly filling up with new patients, and the hospital work is going on in a most satisfactory manner. The operating room is the finest in the West. Its white tiled floor, enameled walls and beautiful furniture, make it exceedingly attractive to all.

Fears were expressed that the removal from the old to the new college would sadly diminish, for a time, the number of clinical patients at the dispensary, but it is gratifying to know that the attendance is already large and rapidly increasing.

Dr. S. B. Lum has accepted the position of lecturer on hygiene and sanitary science, made vacant by the removal from the city of Dr. Wm. M. Semones. Dr. Lum is thoroughly familiar with the subject, and the college is fortunate in securing his services.

A debt of gratitude is due The Woman's Homeopathic Hospital Club for its invaluable assistance in all the hospital work. The members of this organization have secured contributions of the most important character, and in innumerable ways have contributed to the equipment of the hospital.

I believe the clinical evidences of diphtheria to be of more importance than the bacteriological ; i. e., with our present knowledge and methods of bacteriological work.—*Prof. W. C. Goodno.*

This comes from high authority and is most important. Prof. Goodno stands high in the profession and has extensive experience in the use of antitoxin for diphtheria. His opinion would have great weight even if he stood alone. But it happens that a large portion of the profession, Allopathic as well as Homeopathic, thinks as he does on this point.

The Health Boards of our cities should take note of these

facts, and in deciding when diphtheria signs may be removed from dwellings, take into consideration the general clinical symptoms, and not depend alone upon the absence of the Klebs Loeffler bacilli. These frequently remain for a long time after true diphtheria, and, as is now well conceded by the profession, are found in diseases other than diphtheria.

As it is, families are not unfrequently put to great inconvenience for many weeks after all danger of contagion is passed, and children kept from school when they could attend with safety to all. The opinion of the attending physician should be considered and not all left to depend upon the presence or absence of a certain bacillus, which *may* or *may not* be present in diseases other than diphtheria. And also as the Professor suggests, there may be mistakes in the bacteriological work.

B.

Beauties of Compulsory Vaccination.

CHICAGO, Dec. 8.—The young son of John H. Duncan, note teller of the Hibernian Banking Association, is dying at the Duncan home, 1,212 West Monroe street, of septic fever, resulting from compulsory vaccination in the public schools.

There is no infectious disease—from measles and diphtheria to yellow fever and smallpox—that has not been successfully confined and stamped out by isolation and other proper sanitary measures. The need of fortifying themselves against poisons—organic—by habituation or “antitoxin” toxins, may, perhaps, be allowed to govern those who believe in it. But to enforce these crude, barbarous, anti-scientific, and too often fatal measures, upon protesting human beings guilty of no crime, is an unspeakable tyranny worthy only of the unspeakable Turk. Public school privileges, to be sure, may be restricted according to the judgment of the proper authorities. It is not necessary for any child who dare not risk vaccination to attend the public school; though his right to the privilege may be another matter.—*Modern Medical Science.*

Denver Homeopathic Club.

Reported by Edwin Jay Clark, M. D., Secretary.

THE annual meeting of the Denver Homeopathic Club was held at the Brown Palace Hotel on Monday evening, January 16, 1899. After the approval of the minutes of the previous meeting and the reports of the Secretary and Treasurer, Dr. David A. Strickler was elected President, Dr J. W. Harris, Vice-President; Dr. Edwin Jay Clark, Secretary, and Dr. Luther J. Ingersoll, Treasurer. Drs. Smythe, Kehr and Tennant were elected Censors.

Dr. Smythe reported on the bill to be presented to the legislature regulating the practice of medicine, and also on the needs of the new hospital. These questions were discussed by Drs. Beebe, Tennant, Harris, Anderson, Mrs. Ingersoll and Dr. Kehr.

The retiring president then thanked the Club for the kindness and courtesy shown to him during his term as president, and suggested the publication in full of the proceedings of the Club and the holding of extra sessions of the Club for the presentation of clinical cases.

The Secretary's report showed a present membership of 41, all excepting eight having paid 1898 dues. Eighteen papers were read before the Club and three addresses were delivered.

An amendment to the By-Laws was adopted requiring all papers to be in writing, and to be in the hands of the leader of the discussion one week in advance of the meeting at which papers were to be read.

President Strickler has appointed the following committees:
Program—J. W. Harris, J. P. Williard and Walter J. King.
Legislative—C. W. Enos, C. E. Tennant, and E. H. King.

Death of Dr. E. M. Hale.

DOCTOR EDWIN M. HALE, of Chicago, died of uremia, January 15, 1899. The following from the *Chicago Times* will be read with interest by many of Professor Hale's former pupils, now living in Colorado:

Edwin M. Hale was born at Newport, N. H., in 1829. He was the son of Dr. Syene Hale, a lineal descendant of the Hales of Norfork, England, and a grandson of David Hale, one of the partici-

pants in the battle of Bunker Hill. When Edwin was seven years old his father determined to try his fortune west, and accordingly with his family and all their household goods started on a long and tedious journey to Ohio. They settled in the town of Fredonia, where the father practiced medicine until 1852.

At the age of fifteen young Hale tired of the life in the small village of Fredonia and went to Newark, Ohio, where he entered the office of a newspaper and learned the trade of a printer. In time he became an assistant editor and deputy postmaster. While engaged in the duties of postmaster he became ill, and having a great repugnance to the allopathic practice of the day, placed himself in the care of Dr. A. O. Blair, the pioneer homeopath of that town.

This experience caused him to decide to devote his life to the study of the system of Hahnemann. His father was so angered at his determination to devote himself to the then despised school that he was thrown entirely on his own resources. He studied in the office of Dr. Blair and in two years was admitted to the Cleveland Homeopathic College, then opening its first session. He was graduated with the class of 1859.

For a number of years Dr. Hale practiced medicine in Jonesville, Mich. While there he became associate editor of the "North American Journal of Homeopathy" and of the "American Homeopathic Observer." In 1860 he produced "A Monograph of Gelsemium," and followed it with a work entitled "The Materia Medica and Therapeutics of New Remedies."

As early as 1855 he made a trip to Chicago and was so impressed that he left with the conviction that it was soon to become the greatest American city and wished to locate here. In 1864 his desire was gratified, when he was offered the chair of materia medica and therapeutics in Hahnemann Medical College. During the eighteen years' occupancy of the chair of materia medica Dr. Hale was the author of many medical works, one of which, his "New Remedies," passed through five editions.

In 1876 he paid a visit to England and the continent and was received in the most cordial manner by physicians of his school.

In the same year he severed his connection with Hahnemann College. On his return from Europe he found that the Chicago Homeopathic College had been organized. The chair of materia medica and therapeutics was offered to him and he accepted the position.

He retained his connection with the Chicago Homeopathic College for five years, when he retired on account of failing health. On his retirement he was made emeritus professor. In 1890 he retired from active practice and purchased an orange grove in Florida, where he spent a great part of his time in the pursuit of his favorite studies of botany and zoology.

Chlorine Gas in Diphtheria.

THE following, from the *Des Moines Register* of January 20, will bring a smile to all who are at all familiar with Homeopathic literature and practice. We reproduce it here because it has been offered to the public as a new remedy of great merit.

In truth, chlorine gas has long been considered a valuable medication for some forms of diphtheria by the Homeopathic profession, but like everything else, it brings many disappointments.

NEW YORK, January 16.—Editor *Register*: I observe through your columns from time to time frequent mention of deaths from diphtheria. It is indeed pathetic to think in view of the present advancement in medical therapeutics, that intelligent people in any community should permit death from this disease when it can be so easily averted.

Dr. P. M. Bracelin has discovered a method of preparing and modifying chlorine gas so that its administration by inhalation is not only a cure but an absolute preventive of this heretofore much dreaded disease. It is now being used in the New York and Brooklyn Contagious Disease Hospitals under the supervision of the New York Board of Health. Its introduction here was due to my efforts. Its use has already reduced the death rate here in all cases where it was employed from twenty-three to three per cent. It is prepared by the city chemist for use in the city hospitals under Dr. Bracelin's formula which I gave to the city of New York. I am having it prepared by eminent chemists both in Chicago and New York city, and am prepared to supply it to those who have any interest in saving the lives of the little ones. A letter addressed to me at 1123 Broadway, New York city, or to 167 Dearborn street, Chicago, will reach me, and all inquiries concerning the same will receive prompt attention. You can do your readers no greater service than to tell them of the existence of this remedy. I will say to you that it is absolutely impossible for any person to contract this disease who will inhale the corrected chlorine for five minutes three or four times daily during exposure. Children may live in the same room with the most malignant case of diphtheria, may eat from the same plate and drink from the same cup and even kiss the corpse of one dead from diphtheria, and in no instance has there ever been known a case during the last three years where the disease was contracted even under this most trying ordeal. It is not a patent medicine, nor a secret, nor proprietary remedy. By letting your readers know of its existence you will do a great service to humanity and save many lives and prevent much sorrow in your community. Yours truly,

J. J. RUSSELL.

Personal Notes.

Dr. Edwin Jay Clarke has moved his office to Nos. 10 and 11, Londoner Block, 1630 Arapahoe Street.

The Business Manager of THE CRITIQUE wishes to thank J. H' Kellogg, M. D., Superintendent of the Battle Creek Sanitarium, for an invitation to visit this renowned institution as his guest. Just the ideal place for the busy man to rest; the physician can recuperate and luxuriate at the same time. The run-down asthmatic or phthisical eastern patient has the sanitarium at Boulder, with the bracing air peculiar to Colorado. The nervous, over-stimulated Colorado patient has the Battle Creek Sanitarium at a much lower altitude in Michigan—a happy combination of locations.

Dr. L. S. Barnes, of Grand Junction, Colorado, has his office at the First National Bank Building.

Dr. E. C. Morton, owing to failing health, has resigned as the interne of the Homeopathic Hospital, and Dr. Walter J. King has kindly consented to fill out his year, which is to May 1st, 1899. Dr. King held the position during 1897 and 1898 most satisfactorily.

Dr. Frank Fulton, of Monte Vista, Colorado, paid THE CRITIQUE a visit. He informed us he was seventy years old, but no one would believe it, unless told, for he looks like a man 50 odd. He is in active practice, having the largest business of any one in his section.

Dr. May O. Langley has new offices in the Plymouth Place, E Sixteenth Avenue and Broadway, where she will be glad to see her friends.

Mr. C. B. Kirkland, formerly with Park, Davis & Co.'s advertising department, we are sorry to learn has left the above firm and gone with a proprietary house in Lowell, Mass. Another good man has stepped down and out. Accept our condolence.

Benjamin F. Bailey, President of the A. I. H., has gone east to meet with the executive committee. In this connection we might state that President Bailey will deliver the address at the commencement exercises of Denver Homeopathic College in April.

Dr. David A. Strickler spent the holidays with his daughters in Pennsylvania: stopping at Cleveland and Chicago, where he visited the various colleges and hospitals.

Dr. Judkins, of Aspen, Colorado, was honored by being appointed to the chairmanship of Medical affairs and Prohibition in the house, where he is looking after medical interests.

The three schools of medicine have at last agreed upon a medical bill, which has been presented to the House and Senate, in which each school has equal representation. It is a bill that will reflect credit upon the State and profession; and with concerted action will pass.

Miss Hellena Ellis was appointed matron and head nurse at the new Homeopathic hospital. Miss Ellis has had considerable experience, having held a similar position in the Memorial Hospital of Seattle, Washington.

Miss Hattie Allen, who so successfully filled the position of head nurse in the Homeopathic hospital the last year, has resigned and will go east to recuperate.

Arndt's great one-volume work on Practice is nearly completed. Wait for it and then get the latest and best.—*Homeopathic Recorder*.

In 1880 one of Prof. Duncan's patients weighed 116 pounds. He read "How to be Plump," and now weighs 178 pounds.

"I now begin the employment of the antitoxin as soon as I know or strongly suspect a case to be one of diphtheria."—Prof. W. C. Goodno.

"The genuine instrument (the phonendoscope) is of inestimable value and a remarkable improvement over the various stethoscopes."—Dr. Charles Gatchill.

Prof. T. C. Duncan, writing to the "Homeopathic Recorder" of December 17, considers belladonna the epidemic la grippe remedy, but suggests that it may not be after the January thaw.

The homeopathic hospital at Pittsburg, Pa., has recently been presented with a new rubber tire ambulance. This is to take the place of the old ambulance, which was lately destroyed in a collision with a street car.

It is hoped that the new Insane Asylum of Pennsylvania will be put in charge of the Homeopaths. The legislature of that State has been petitioned to this end, and there is said to be good prospects that this will be done.

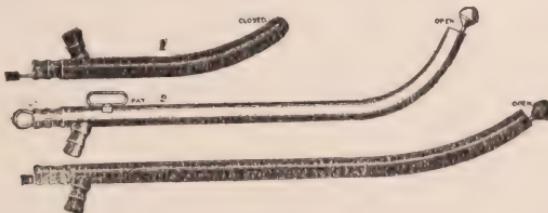
According to Dr. A. S. Blackwood in the *Clinique*, a saturated solution of picric acid (22 grains of the salt to an ounce of alcohol,

and the whole dissolved in half a pint of water) is an excellent application for burns. With this preparation bathe the burned surface, cover with gauze and absorbent cotton, the whole to be kept in place with loose bandages. In three or four days moisten and remove the dressing and put on another to be left a week.

Catheters and Cystitis.

By R. N. Mayfield, M. D., New York, formerly President of the Colorado State Board of Medical Examiners and Lecturer in Pathology and Clinical Medicine, University of Colorado, etc.

IT is well known that when it is necessary to use a catheter of usual construction—that is, with the ordinary fine perforations as an inlet thereunto—it does not work satisfactorily, or subserve fully the results expected from it.



Examples of such unsatisfactory operations are seen where there is a good deal of mucus present in the bladder, such mucus being apt to surround or lie upon the end of the catheter, clogging or stopping the apertures thereof and preventing the ingress of fluids to be drawn off; again, when sediment or calcareous matter is present, it clogs, even sometimes filling in part or completely the apertures, with consequent failure of the catheter to perform its functions. Such failures are especially apt to happen in nearly, if not quite, all forms of chronic diseases of the bladder, and notably so in cystitis.

My object, therefore, is to present a catheter that is reliable and efficient in operation when the use of a catheter is indicated in all conditions and diseases of the bladder. In this instrument the danger of clogging or failure to perform its functions is obviated, and its interior may be readily made aseptic, and bits of mucus that usually clog an ordinary catheter may be readily drawn off.

This catheter is of very simple construction, being tubular, with the curve of an ordinary instrument, and opened at the end

for an inlet. For the closure of this open end, and for the easy insertion of the catheter, as well as for other purposes, a bulbous or rounded head is used, preferably solid, and attached to one end of a wire, passing through the body or tube and projecting at its rear or outlet end.

This construction forms a very efficient catheter having an area of opening so large as to greatly obviate the danger of clogging, for, if mucus should lodge against the open end, the working of the head back and forth upon its seat would cut away the obstructing bits of mucus and permit them to pass through the tube.

With this instrument there should be no hesitancy in using nitrate of silver, iodine, corrosive sublimate, carbolic acid, or hydrogen solutions in the bladder, as any of these solutions can be readily drawn off or neutralized, thus preventing poisoning from absorption, or preventing rupture from gases that form in the bladder.

Regarding the treatment of cystitis with the employment of this catheter, presuming that we have a typical case withropy, viscid, and tenacious mucus, the membrane thickened and possibly ulcerated, and in deep folds—"ribbed," as it were—we begin the treatment as follows:

1. Inject a quarter of a grain of cocaine dissolved in a drachm of water into the membranous portion of the urethra.

2. Anoint the largest hard-rubber catheter that can be well passed into the bladder, and increase the size one number each week until the uretha is normal in size.

3. Begin with dilute hydrogen solutions—preferably hydrozone—one part to twenty lukewarm water, using this solution freely, especially when employing the large size catheter. If the small size is used at the beginning, I recommend the use of only two or three ounces at a time until removed by the return flow. This can be repeated until the return flow is clear and not "foaming," which indicates that the bladder is aseptic.

4. Partly fill the bladder with the following solution: Tincture of iodine compound, two drachms; chlorate of potassium, half a drachm; chloride of sodium, two drachms; warm water, eight ounces. Let it remain a minute or so and then remove. This treatment should be used once or twice a day.

When I suspect extensive ulceration I recommend once a week the use of from ten to twenty grains of nitrate of silver to the ounce, and neutralize with chloride of sodium solutions.

This treatment carried out carefully will be satisfactory, as there is no remedy that will destroy bacteria, foetid mucus, or sacculated calcareous deposits like hydrogen.

Among the Journals.

The *Homeopathic Journal of Surgery and Gynecology* has Two Journals been consolidated with the *Medical Century*. Every alternate number, beginning with the January issue, will be designated as the *Surgical and Gynecological* number. The original department of the other issues will be given over to *materia medica and therapeutics*.

The daily press has been making mention of the scandalous condition of affairs in the Colorado State Insane Homeopathy the Asylum. The investigating committee appointed by Remedy. the Governor found gross neglect of duty on the part of superintendent and employes, and absence of any system of record by which intelligent ideas of the financial and physical conditions of the institution can be gained. If Governor Thomas wishes to do a real service to the insane wards of Colorado he will follow in the footsteps of the governors of Missouri, Illinois, Minnesota, Massachusetts, California and New York and appoint a homeopathic superintendent. In no instance in which our profession has had charge of an insane asylum has there been the least mismanagement. The very fact that we feel that we are on trial in itself secures the closest possible attention to all economic conditions of such institutions as are in our care. The homeopathic profession in Colorado are fully deserving of an appointment of this kind, and in no way can the governor of that state do a greater service to public interests than to put some competent homeopathic physician in charge of the Colorado asylum.

In March, 1897, fourteen months ago, I operated upon Uterine Castration in this woman for the cure of violent attacks of hystero-epilepsy to which in its various phases she had long Hystero- Epilepsy. been accustomed. The fits sometimes recurred as often as ten times in twenty-four hours, and were of a pretty distinct menstrual type. The operation was a vaginal hysterectomy, one of the ovaries being left because of adhesions. She reports an entire exemption from the paroxysms since that time, nor has she suffered anything of the kind since the removal of the uterus.

Her appearance in our clinic prompts me to speak of the early and remote effects of this last and best operation for the cure of that intractable disease. Some years ago I made quite a large number of tubo-ovariectomies for the relief of these epileptoid at-

tacks, the chief indications therefor being found either in a demonstrable local lesion of the appendages or in the fact that the case was clearly one of the oophoro epilepsy with a monthly exacerbation. If these conditions were present so much the better. The result was that while I never lost but one of my patients whom I tried to save in that way, on an average only one in four of them permanently benefited by the operation. But with uterine castration my experience has been very different; for out of a series of twelve cases of this kind, some of which were worse than this one was, eleven have entirely recovered.

When we contrast this result with that of any other method of treatment for confirmed hystero-epilepsy we can appreciate the value of one of the most recent resources of gynecological surgery. Even craniectomy for the cure of traumatic epilepsy, brilliant and gratifying as its achievements have been in our own hospital, as elsewhere has no better showing than this.

It may be asked if there is no harm in leaving one or both of ovaries when we make a vaginal hysterectomy? If they are cancerous, or the seat of any neoplasm, yes; otherwise it may be best that they should not be taken out. Clinical experience has verified this fact, and the modern view of the internal value of the glandular secretions explains the benefits that might result from leaving them to those of our patients who at the date of operation have not already passed the climacteric. For, as Mr. Bland Sutton has said: "A woman is much better off with ovaries and no uterus than with the uterus and no ovaries."

THE PACIFIC COAST JOURNAL OF HOMEOPATHY.

No sane man will deny that legislation to protect both **Anent** the people and the profession is needed. The people, **Legislation.** if they need protection at all, should be saved the glaring fraudulent advertisements of Chinese herb doctors, returned missionaries, five-dollars-a-month specialists, faith-cure charlatans, Christian-Science practitioners, healing mediums, etc., etc., unless there can be shown that, in addition to these special qualifications, they are also regular graduates in medicine, graduates of medical schools in good standing. So far as the interests of the profession are concerned, all that can in common fairness be required is a sound medical education and a fair, outward observance of the code of ethics. A graduate of any respectable American college, or any foreign college complying with stated requirements, should by virtue of his diploma be able to practice his profession, without further examination or annoyance, wherever the stars and stripes float.

The
Denver
Hospital
Uses it.

We can heartily wish that Northrop's method of employing oxygen and chloroform were more universal. From what we know of it and from the experience with it in Philadelphia, and elsewhere, we have come to regard it as one of the most progressive features of modern anesthesia. We are glad to see this enterprising and generally progressive medical journal finally approving and advocating this method of anesthesia. It has been used in the Denver Hospital for years and has been proven to be a most satisfactory anesthetic agent. No accident has occurred from its use, and the patients are quick to recover from its effects.

THE MEDICAL ERA.

Creasote in Phthisis. The *Era* considers that creasote, as a specific for phthisis, "has fallen from its high estate," as would be expected of a remedy used empirically; that it has no specific action on the pulmonary parenchyma, neither does it render the lung uninhabitable for the bacilli. If it has value as a stimulant expectorant, it also deranges the stomach and impedes digestion. "It is doubtful if creasote has not done greater harm than good in the indiscriminate use that has been made of it in this most prevalent of all diseases."

In a long article on the treatment of *Pneumonia*, Dr. **Applications to the Chest.** Gatchell has this to say on applications to the chest: Do not use poultices; they confine the heat, they are uncomfortable, untidy, disturb the patient by frequent changing, and are of no direct benefit. Cold applications (ice, cold bath, etc.) have not enough in their favor to warrant the possible risk of harm in some cases. All that is necessary is to keep an equable temperature by the use of a soft muslin jacket, open in front and tied with tapes, thus permitting ready access to the chest.

THE MEDICAL VISITOR.

Medical Legislation. Editor Smith does not seem to favor medical examining boards of any kind. In discussing upon the prospective legislation in Illinois he says: "Are you in favor of an examining board to pass upon your right to practice medicine after you have earned such a right by attendance upon a four-years-course of lectures? Such a bill is to be submitted this winter if the capital at Springfield stands, and if you do not approve it you must show by your works that you are opposed to it. It is likely that a board composed of equal representation of the different schools might not meet with such great opposition and yet the principle of such examination is wrong, and it should not be supported by any physician. If each school was given a board there might be still less opposition, but you watch the work at Springfield and see the stampede and fight that

will be made against such a measure by the allopaths. If our school sits down and permits the passage of the bill, as is now proposed by the allopaths, to become a law, it will be another case of the "Spider and the fly" with homeopaths taking the part of the fly.

**The
Phonendo-
scope.**

The Phonendoscope seems to be coming into great favor with the Profession. Here is what the *Medical Visitor* says of it: "This instrument is taking the place of the stethoscope and it is of much greater value in examining the heart and chest because its sounds are more clearly conveyed by it than by the old instrument.

NORTH AMERICAN JOURNAL OF HOMEOPATHY.

In an editorial the writer shows that when *antitoxin* cures diphtheria the cure is *not* homeopathic, but **Antitoxin and Homeopathy** cedes that "there is, however, a relation between the use of antitoxin and *similia* that shows the underlying principle of cure to be homeopathic."

This relationship is well shown by James Johnson, F. R. C. S., in a paper read before the English Homeopathic Congress at Bristol. He compares the action of arsenic and antitoxin substantially as follows: Arsenic produces by large or toxic doses the group of symptoms known as eczema; in small doses produces as the result of its action on living tissues an antidotal substance or action which remaining in the diseased individual antagonizes or cures eczema. Toxin diphtheria produces when absorbed from the tonsil the group of symptoms known as diphtheria. And when injected in the horse produces a substance known as antitoxin, which removed and introduced into a diseased child antagonizes or cures diphtheria. As Mr. Johnson says, it is easy to see a parallelism in this presentation; but it is obvious that antitoxin cannot be compared to a drug used homeopathically, but to something which is produced in the tissues of the body as a result of drug action. But the two series are homologous, and the toxin series is evidently homeopathic in principle.

During the year 1897, there were treated at the **Comparative Statistics.** Massachusetts Homeopathic Hospital, Boston, 1566 patients, with 54 deaths. This gives a mortality of 3.44 per cent.

During the same year there were treated at the Massachusetts General Hospital (allopathic) 4312 patients, with 361 deaths. This gives a mortality of 8.37 per cent, or more than twice that at the homeopathic institution. At the homeopathic hospital, the death rate on the medical service was 4.40 per cent, on the surgical service, 3.12 per cent. For a general hospital these figures are remarkably low, being approached only by a very few private hospitals having a picked clientelage. At the allopathic institu-

tion, the death rate on the medical service was 10.06 per cent., on the surgical service 7.33 percent. As might be expected the greatest difference is found in the medical figures. The general run of patients at the two institutions is the same. Both are private corporations.

Publisher's Notes.

J. Durbin Surgical D. S. Co., 1508 Curtis Street, have placed a large order for the operating room of the new Homeopathic Hospital. They keep everything needed by physician or surgeon.

Bovinne is a tonic both locally and internally; a nutrient par excellent. Try it.

WELL KNOWN, WELL LIKED.—The other day, the superintendent of one of the largest city hospitals in this country, said to a representative of The Imperial Granum Company, the manufacturers of that reliable dietetic preparation, IMPERIAL GRANUM: "It is not necessary for your firm to send any one here to tell me about their product for I have used it both in private and hospital practice for over twenty-five years, and can hardly believe that even the youngest members of the medical profession do not know of the merits of this well known and well liked food for infants and convalescents.

THE MARDI GRAS at New Orleans, February 14th, will be on a more elaborate scale than ever before. Those who have never visited the Crescent City during the time King Rex reigns have missed one chapter of life. "The Colorado Road," Colorado and Southern Railway, will on February 5th to 9th inclusive sell tickets to New Orleans and return at one fare good for return until February 28th.

Do you want anything in rubber or electrical goods? Remember McIntosh Battery and Optical Co., 531 Wabash Ave., Chicago. Write for catalogue.

A SHORT CONVINCING STORY.—A Mr. S—, a real estate man had been troubled with the worst form of indigestion for years. The list of things he could eat was confined to a few simple articles; life was simply a burden. What is his condition now? A year ago, while waiting in an office to see a party, he picked up THE CRITIQUE and noticed P. D. & Co.'s advertisement, that three-fourths of all cases of dyspepsia were cured by Taka Diastase. He went and purchased it and told me that after taking it he was per-

fectedly cured and could eat any and everything, after suffering for years.

The Homeopathic College and Hospital have every modern conveniences as regards floors, all hard wood, waxed; ventilated; steam heated, having two boilers in case of accident. The only hospital in the city that has an X ray room fitted up complete. The operating room is by far the finest in city or state; all corners rounded, floor tiled, light perfect; but we wish to invite physicians of every school to visit it, and remember, we invite you to bring your cases here and come and treat them. We are run upon the broad plan of freedom, open to all schools and beliefs. Non-sectarian.

The Rio Grande is the giant of them all. During the recent phenominal snow storms in the mountains its line was the first open. For surely getting there, and unsurpassed scenery, take the D. & R. G.

Our friend, G. H. Hussender, the Hay, Grain, Coal and Wood man, 2255 Larimer Street, Phone 747, can supply your wants in his line at all times.

Have you noticed during all these terrible blizzards and snow storms the Burlington trains come and go just the same on time? For reliability and magnificence of its trains no line is in it with the B. & M. The smoothness of its running is perfect. G. W. Vallery, General Agent, 1039 Seventeenth Street, Denver.

For purity and reliability of homeopathic medicines remember F. Steinhauer, 1533 Larimer Street, keeps Boericke & Tafel's goods.

Amos J. Given runs the finest sanitarium at Stamford Hall, Conn., of any in the U. S. Treats mental and nervous diseases.

Panopepton represents beef and wheat in perfectly agreeable, soluble and absorbable form, easily digested by the sick. Don't forget that in all cases of convalescence or weak stomach nothing can take the place of Fairchild Bros. and Foster's Panopepton.

The Unton Pacific has four trains daily for the East. Two fast trains daily for the West. The make-ups of trains are unsurpassed for having all the conveniences. You eat, sleep and luxuriate while you travel. Geo. Ady, General Agent, 941 Seventeenth Street, Denver, Colorado.

Don't forget that T. J. White, during these bursting times of pipes, that plumbing is his specialty. 1543 Champa Street. Phone 1389 B.

THE CRITIQUE.

VOL. VI.

DENVER, COLO., MARCH 15, 1899.

NO. 3.

Differentiation Between Rhus. Tox. and Ruta Grav. with Especial Reference to Their Indica- tions in Rheumatism.

By Pearl B. Wheeler, M. D., Instructor in Materia Medica in the Denver Homeopathic College.

RHUS. TOX.

Acts through the cerebro spinal system with an effect on the nervous system in general, the mucous membranes, fibrous tissues, skin, muscles, blood, ligaments, etc. Nervous symptoms accompany acute eruptive diseases.

Adapted to rheumatic and paralytic conditions. Left side chiefly affected. Nervous, melancholic subject.

Ailments after getting wet, especially after being heated. Bodily exercise, bruises, sprains, concussions. (Arnica.)

Aggravation from rest and beginning to move; in morning after midnight; wet weather. (Dulc.)

RUTA GRAVEOLUS.

Acts especially on the genito urinary and digestive systems; on the eyes, bones, joints, cartilages.

Antidote to Mercurius.

Ailments from mechanical injuries and over-straining (Arnica). Hypericum in spinal concussions.

Aggravation from cold weather; rest; while sitting; in morning; bodily exercise; stretching bad limb.

Amelioration from moving the affected part; stretching limbs; warmth; warm air.

Amelioration from motion; warmth; standing; drawing up diseased limb (*Sepia*); standing.

Clinical Value.—Diseases of the skin, muscles, joints, mucous membranes, etc. Rheumatism; paralysis; eczema; erysipelas; dysentery; typhoid fever.

Clinical Value.—Hemorrhages; threatened abortion; rheumatism; gastralgia; amblyopia; Locally, on bruises where *Arnica* might produce erysipelas.

Character of Pains.—Pain in bones as if scraped. Rheumatic tension, drawing and tearing in limbs (*Rhod*) with sensation of numbness in the extremities, and previous tingling.

Character of Pains.—Great pain in the joints. Sensation of soreness as from contusion, bruises, or fall, especially in the limbs or joints (*Arnica*). Pain in long bones as if broken.

Cutaneous.—Skin wrinkled, blue and cold. Burning and itching eruptions with swelling and small yellowish vesicles which run together and become moist; red, shining appearance of the affected part.

Cutaneous.—Skin becomes easily chafed when walking or riding. Itching over whole body relieved by scratching (*Sulph*). Papulæ and vesicular eruptions. Erythema; Erysipelas; swelling.

Mental.—Restlessness with constant change of position. (*Ars.*) Anxiety; melancholy; despair, especially toward evening; desire to commit suicide. (*Arn.* *Nux.*)

Mental.—Aversion to the open air. Inclination for motion, Anxious, low-spirited, with mental dejection. Irritable. Inclined to quarrel and contradict. (*Nux.*)

Head.—Giddiness as if intoxicated when rising from bed. (Face turns pale when rising, *Bry.*) (*Gels*), with chilliness and pressure behind the eyes.

Head.—Giddiness in morning when rising (*Bry.*), when sitting, when walking in the open air.

When walking sensation as if the brain were loose (*Cicuta*;

Headache as if a nail were driven into the head (*Ign.*)

Nat. Sulph.) Headache worse in morning when lying down (after rising in the morning—*Bry.*)

Face—Pale, sunken; blue rings under eyes; pointed nose.

Eyes.—Inflammation with agglutination of the lids in the morning (*Phos.*). Erysipelatous swelling of eyes and surrounding parts.

Throat sore as from internal swelling with bruised pain.

Sleep.—Sleepless before midnight. (*Bry. Graph. Phos.*)

Respiratory—Cough with stitches in chest. (*Bry. Puls. Phos.*) Profuse general perspiration and pain in the stomach. Cough in morning, soon after waking. In affections of respiratory organs after getting wet.

Digestive tract.—Red tip of tongue in the shape of a triangle. Red, dry and cracked.

Appetite lost or voracious. Thirst mostly at night for cold drinks. Putrid taste. Worse after eating.

Colic, compelling patient to walk

Stitching, drawing pain from the frontal to the temporal bones (from cheek to temple—*Causticum.*)

Face—Erysipelatous swellings on the forehead.

Lips dry and sticky.

Eyes.—Incipient Amaurosis. Pains in eyes from over-exertion.

Throat.—Sensation as of a lump in throat on empty deglutition.

Sleep.—Sleepiness during day frequent waking during night. (Sleepy through day, sleepless at night—*Bry.*)

Respiratory—Pain in larynx as from bruise. Dyspnœa with stitches in chest.

In catarrhal affections and in phthisis after mechanical injuries of the chest.

Digestive tract.—Spasms of tongue with difficulty of speech.

Appetite poor. (Increased *Bry.*) Thirst for cold water. (Great thirst—*Bry.*) Flat taste. Nausea when eating.

Gnawing and pressing pain in

bent (Colocy). Visible contractions about the navel.

the region of liver. (Stitches in liver when coughing or breathing. Bry.)

Stool—Nightly diarrhoea (Puls) with violent pain in abdomen relieved by evacuation or lying on abdomen. Watery mucous stool. Bloody or white.

Stool--Difficult evacuation. Soft and bloody or hard as sheep's dung. (Difficult and hard as if burnt. Bry.)

Urine—Pale, frequent and copious. Snow white sediment. (Brick dust sediment. Lyc. Bry. Phos.)

Urine—Frequent pressure to urinate with scanty discharges of green urine. Pressive pain in kidneys and bladder.

Pulse—Irregular, generally accelerated but weak and soft. Palpitation with trembling in heart.

Pulse—Slow, accelerated only by heat (full, hard tense, quick —Bry.) Palpitation.

Fever—Chilliness with paroxysms of pain mostly at night. (Puls., Ars., Acon., Bell.) Constant chilliness, especially in back.

Fever—Chills mostly on left side. Internal chilliness, even by warm stove (Apis). Chilliness with heat in face and thirst.

Heat—External chill, internal heat.

Heat all over.

Heat after chill followed by perspiration which relieves (Acon.) (Does not relieve. Bell.)

Frequent attacks of flushes of heat. (Sulph.) General perspiration.

Value in Rheumatism—Stinging pains along tendons and muscles. Swelling and redness on or near joints. Rigidity and pain most noticeable on beginning to move joint after rest and on waking in morning. Drawing, tearing pain in fibrous tissues, joints and sheaths of

Value in Rheumatism—Chiefly in wrists and feet. (Joints, Cimi. Caulo.). Puffy swelling about the insteps. Sour sweats. Pains in limbs aggravated by rest relieved by motion; worse in damp, cold weather. Lameness and stiffness in wrist as from sprain.

nerves and sense of lameness and formication. Sensation as if tendons under knees were short.

Rheumatism caused by exposure to wet, damp weather, to straining or bathing, worse from rest or beginning motion, relieved by dry applications and motion.

The Germ Theory and Homeopathy.

By Edwin J. Clark, M. D., Instructor in Theory and Practice in the Denver Homeopathic College.

THE age in which we are living is one of very materialistic tendencies. This is shown in medicine by the prominence given to theories susceptible of a certain amount of ocular demonstration. Prominent among these theories is that of germs as the prime cause of disease. This is a failure in the treatment of disease; as are all other systems founded upon theory. Many only believe what they can see, and yet no one has ever seen or ever will see disease. That which we can perceive by the senses in disease through the phenomena it displays is the disease itself in the eyes of the physician. We never perceive the spiritual or vital force which produces the disease, neither is it necessary that we should see it, but only that we may select the remedy adapted to its cure. Many homeopaths and all allopaths belong to that class called symptom treaters. Their endeavor is the removal of a single symptom from among the number constituting the disease. Their endeavor is to mitigate or cover over the pain, to lower the temperature, to destroy certain so-called pathogenic germs, etc. They forget the fact, that the germs upon which they lay the blame for dire results, may be in the system of one showing no evil effects from their presence. Seeing only one symptom and interpreting that symptom according to their theory, they set out to kill, destroy and remove the theoretical cause of that symptom and often take both germs and patients in

their painstaking endeavors. Others recover from their having made a crude application of the law of medicine (*Similia Similibus*) and others recover in spite of the treatment. This class forget that unless the soil is there the seed will not take root and grow. Homeopathy, depending upon the totality of the symptoms, goes to the foundation of the disease, removes the disease tendency from the patient and cures. It takes into consideration, not only the soil, but its preparation, which may have been the work of years; it also considers the pathology, the sensations, the aggravations and ameliorations of time and circumstance, and taking the whole picture, not a part, adapts the remedy to the condition and cures when measures for the relief of single symptoms fail. Hahnemann said "A single one of the symptoms present is no more the disease itself than a single foot is the man himself."

A practitioner of this character brought face to face with disease, his judgment warped by that will-o'-the-wisp, the germ theory, fails to comprehend and grasp the opportunity before him and instead of making a scientific and homeopathic prescription, makes use of some of those unscientific methods of the so-called Scientific (?) school. Time and again his attention is called to his brother practitioner, who prescribing after the homeopathic law secures superior results, yet as the method used is not based upon and compatible to present materialistic theories and is not susceptible of ocular demonstration of the why and the wherefore he refuses to make use of it. So strong is the desire to be doing something, he cannot sit down and patiently wait for nature to do the work. What is proper treatment with him to-day is improper to-morrow, his treatment shifting and veering with each turn of the medical wind vane. Not so with the homeopath, his glory is that his remedies never change. Founded upon an immutable law of nature, they always cure in in same manner, and never are altered by medical opinion and its various changes.

"Homeopathy is a perfectly simple system of medicine, remaining always fixed in its principles as in its practice, which like the doctrine upon which it is based, if rightly

apprehended will be found to be so exclusive that as the doctrine must be accepted in its purity, so it must be purely practiced, and all backward straying to the pernicious routine of the old school is totally inadmissible, otherwise it ceases to deserve the honorable name of homeopathy." When Hahnemann wrote, "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime," he had no intention of suggesting that we should devote our time to the study of germs or germicides or other theoretical methods of disease treatment. It was his desire that we should so study our scientific law of cure that we would be able to show ourselves capable artists in its application (not bunglers) securing the highest ideal of a cure, the rapid, gentle and permanent restoration of the health or removal and annihilation of the disease in its *whole extent*, in the shortest, most reliable and most harmless way, on easily comprehensible principles.

The Therapeutics of Movement.

Luther J. Ingersoll, M. D., Mack Block, Denver.

In a former article it was my purpose to show how the cells, in the performance of their functions, became Pathological centers. It is my present purpose to show, how movement, is a true Therapeutic agent, and causes these cells, through the lymph and blood channels, to eliminate from the body the natural waste from worn out tissues, the toxic matters which if retained, prevent their normal activities, and lead rapidly to diseased conditions.

There is a general agreement, borne out by observation and experience, that manual labor, or physical exercise in some regular, and well proportioned form is essential for the growth, and strength of muscles; the execution of organic functions, the balance between the several parts of the body, and the maintainance of health.

It has been often proved that exercise proper to the condition, whether taken by the individual himself, in labor or in disease, administered to him by an assistant, in the form of mechanical and swedish movements enables the body in all of its parts, to perform its intended and normal functions promptly. Inactivity produces the very opposite effects. Exercise by movement in the feeble and diseased, produces the same beneficial effects, as does well directed labor in the more vigorous. Indeed the results of movement as a remedial means in the cure of disease, or for the continuance of health, are even more satisfactory; because labor is performed without regard to health, while exercise by movement is so directed as to correct faulty habits and pathological conditions.

The muscles of the laborer, and also those of the more feeble, and debilitated by disease, are alike enlarged and hardened by use. Use, exercise, movement, are natures means of recuperation, as well as of growth.

Under movement, the parts moved are filled with circulating blood. When the hands are benumbed by cold, the blood fails to circulate in force. The capillaries, cells and veins, become clogged and the blood motionless. Oxidation or combustion, has diminished or entirely ceased. There is neither the reception of nutriment nor the casting off of waste. The dead tissues are retained, and still farther impede circulation. There is no surer, nor quicker way of flooding the cells, and capillaries, with blood from the trunk, and producing full, natural oxidation or heat in the cold and benumbed fingers, than by vigorously swinging, oscillating the arms, and whipping the hands against the body. Here are perfect swedish and mechanical movements, with positive results. And this illustration, confirms the beneficial effects of wise movements, in all diseased conditions and goes far toward making my meaning clear: that movement is a positive remediable force in disease of inestimable value. But some may ask just how does movement accomplish these results in removing the cause of disease?

In the above illustration, under inactivity of the muscles, and the paralyzing effect of cold, the blood remained in the capil-

laries and veins, powerless to move on. Blood stasis from deficient outflow was the result, and the inactive muscle cells filled with suboxides. Rapid movements of the arms and hands, urged the blood onward, through the veins, and left an open channel, into which the capillaries and muscle cells, could unload their contents. The arteries, brought a full supply of blood from above, charged with oxygen from the lungs. Oxidation or combustion of the suboxides in the cells, now takes place and the temperature is restored. In the same manner the cells, veins, capillaries and lymph channels are cleared of their toxic matters, and disease prevented, or cured when established.

Movement when properly administered becomes a mechanical force, an energy of great and varied adaptability, in the treatment of disease and is capable of specific direction. Its action upon the affected parts continues for some time after the movement itself ceases. Every part and function of the body is greatly affected by every form of movement, and several results follow. The contracting muscles shorten, and usually carry with them the bones to which they are inserted. Other and adjacent muscles are also made to move. At the same time the opposing muscles relax and lengthen. The veins are narrowed and the blood made to flow on more rapidly, especially when the muscles return to rest and the temporary stricture is removed. The capillaries, cells, and lymph tubes, through all the muscles, and tissues moved, are for the time compressed, by the shortening, thickening and hardening of the muscle fibres and their contents pressed out and on, through their channels of exit, much as we squeeze water out of a sponge or wring it from a cloth we wish to dry. The blood in the veins is hastened toward the lungs and heart, leaving a clear channel for the capillaries and muscle cells to fill. They contract and expand more vigorously, emptying their contents of tissue, and toxic waste, into the veins and lymph channels for elimination and the whole circulatory volume is urged on in a more rapid manner. Increased heat through the rapid oxidation of suboxides in the blood and vital cells and nutriment from arterial blood, are greatly increased and widely distributed according to the demands of each part. Thus are

established and continued at least five most needful and wholesome results.

1. Congestion, inflammation, and blood stasis from any cause are prevented. Nor can they long continue when once they arise, because movement is a direct, physiological force, exerted upon the nerves and muscles which control circulation and equalize the blood currents. Movement both crowds and draws the blood onward, proportioning its force to the condition to be relieved or the parts to be protected, and engorgement to be overcome.

2. The muscle, and vital cells act with more vigor in gathering up and eliminating the waste toxic matters, the oxides, as uric and carbonic acid, water, and urea, and those absolutely dead tissues and death producing poisons the ptomaines, and leucocomains, which cause many violent diseases, rheumatism, nephritis, inflammations, convulsions, or the more deadly infectious diseases of diphtheria and smallpox and which produce those chronic conditions known as epilepsy, lithemia, asthma and those neuroses, chorea, neurasthenia and thesia. Let it be remembered, movement removes this whole brood of causes of disease by speedily eliminating their poisons from the body.

3. More abundant nutrition is brought into the vital cells for repair and recuperation. No sooner does a muscle execute a full movement of vigorous contraction and relaxation, than a larger volume of arterial blood, charged with oxygen and nutriment, courses through all the parts acting. And every cell and muscle fibre is filled and bathed in nutriment and oxygen.

4. Increased circulation produces an increase of heat, through the more rapid combustion of suboxides. Heat is also diffused or distributed by motion. Under movement the general temperature of the body is raised proportionate to the vigor and length of time the muscles are engaged.

5. The special lymph channels, through which refuse and toxic matters are passed on to the lungs, kidneys, liver, skin, thyroid and thymus glands for final elimination are very abundant about the joints. In movement the joints become the centers of motion, or foci of strain. The contents of these channels are

therefore more rapidly hastened on by the pressure and relaxation, alternately laid upon them in movement. It is apparent that movement wisely directed, increases the functional activity of all the processes of life and health; that by it, a normal balance, a healthful equipoise and rhythm, between different parts are secured and maintained; that the vital cells, the centers of life, as of diseased functions are made active and vigorous by proper movement. The therapeutic, and physiological importance of movement is vastly increased, when we consider that it is a specific force, a vital energy, which can be regulated, increased or diminished or changed in character, and so directed as to meet the demands of any diseased part, muscle or group of muscles, organ or set of organs. Movement is therefore in exact accord with nature in all her operations to maintain vital energy; through nutritions, from the great central organs of digestion and to protect the body against those diseases which arise from the retention of waste and toxic matters, which tend to accumulate in the cells. It is thus seen to be a safe efficient remedy of varied but of universal application.

The following case is presented because it illustrates a general condition found to some extent in a large number of chronic invalids. In April of 1897 Mrs. W. aet 51, called upon me for treatment. For several years she had been gradually failing, but with no "particular disease." The catamenia was still regular, somewhat dark, and abundant, with some pain on the first day. There was considerable rectal trouble, with gas in the bowels and obstinate constipation, which had never been relieved. She was weak, anemic, with general trembling and sudden loss of strength. The flesh was unusually soft, muscles flabby and relaxed and a gradual loss of strength and endurance. The appetite was fickle, she always felt the need of food, but could not relish anything and generally food even seemed repulsive. She was never rested, but did not over work, had to avoid society and all excitement, all the abdominal and pelvic organs were relaxed and sore. The spine was sensitive and painful and sore between the shoulders, along the neck, and over the whole head, with almost constant frontal head ache, and a weight upon the

vertex, she was gloomy, given to tears, a victim of "horrible dreams," she said she was sick everywhere, and no "place was as it used to be." She was obliged to lie down daily "just to let her body settle and come together." Her pains were migratory except along the spine, and in the head. She particularly requested me not to give her any medicine as her stomach would not bear it. She had been treated generally and locally, by medicine, hygiene, dieting, baths, electricity, travel, change of climate and by modern fads.

I believed her trouble was wholly auto toxic as almost every part of the body seemed involved; that the waste matters, the oxides, uric and carbonic acids and waters were retained in the vital cells; that the lymph channels and veins and capillaries were engorged by these poison matters. I believed that their elimination was the first and only way to secure healthful functions and nutrition throughout the body. She received daily treatment one month by my manipulator (which is mechanical massage) over the extremities; later of the back and abdomen with appropriate swedish movements. All this was thoroughly administered and truly enjoyed. Her recovery was marked, rapid and complete. As she is yet in good health and strength, she says "it is a marvel."

Puerperal Sepsis.

By Curtis M. Beebe, M. D., Professor of Obstetrics in the Denver Homeopathic College.

[*Read before the Denver Homeopathic Club.*]

THE practice of the art of obstetrics brings the physician into closer relation with the family than any other part of his work. Sympathy with the suffering one, and on the other hand a share in the great joy which comes to the family with the happy and successful termination of labor, is a part of our reward which our noble, and self-sacrificing calling entitles us to.

"The way of life is always the way of the cross." Success comes only through toil and failure. "No man of conscience can

be content with his work, because as he works his vision of what he may achieve with heart and skill, grows clearer."

"No man can be satisfied with his life, however rich and full, because as a man's life deepens and widens, its needs grow vaster and nobler; nor can any man be satisfied with the love and labor he bestows upon his profession, because the very act of self-sacrifice which it entails, enables him to enter more deeply into the life and spirit of his work."

With the dawn of the present century comes the consciousness to the medical mind of the contagious character of puerperal fever. So-called epidemics in hospital and private practice demonstrated the directness of contact infection. In 1843 Dr. Oliver Wendell Holmes with a heart full of sympathy and with the courage of his convictions presented to the profession his unanswerable argument on the contagiousness of puerperal fever. In 1850 Sir James Y. Simpson wrote on the analogy between puerperal and surgical fevers. The *idea* became the *reality* when Ignatius P. Semmelweis by compelling his students to wash their hands in a solution of chloride of lime reduced the mortality in the maternity wards of the general hospital of Vienna from 11 4-10 per cent in 1846, to 1 26-100 per cent in 1848. The brilliant discovery of Semmelweis soon passed into oblivion. Pasteur and Lister subsequently gave to general surgery the scientific demonstration of the principle laid down by Semmelweis.

As the principles of Homeopathy have revolutionized the practice of internal medicine and have established therapeutics upon a solid foundation of fact and clinical experience so the principles of bacteriology have revolutionized the practice of surgery. On the other hand, we are only *now* beginning to recognize the importance of living tissue and the power of the living cell to destroy or render inactive pathogenic bacteria existing in the blood or tissues or in the vaginal canal of the pregnant woman. The mucous membrane of the vagina of the pregnant woman *is* a living tissue and has the power of destroying pathogenic bacteria as has been demonstrated by innumerable experiments. Streptococci introduced into the vagina of the virgin or

of the pregnant woman are destroyed within a few hours. Whether it be the non pathogenic bacillus described by Doderlein or the acid secretion as existing in the normal vagina of the normal vaginal mucous membrane or the leukocytes found free in the vaginal secretion, which destroys the pathogenic bacteria, we do not know.

Again, the army of leukocytes occupying the cervical canal in front of the plug of mucus forms an impassable barrier during pregnancy, and so prevents any invasion of the uterine cavity.

The genital canal may be artificially divided into four parts, as regards its asepticity.

1. The vulva and vulvar canal.
2. The vagina.
3. The cervical canal.
4. The canal of the uterine body and Fallopian tubes.

Pyogenic bacteria do exist in a state of activity on the vulva and in the vulval canal. The microbes which are known to cause puerperal infection do not exist in the healthy vagina at all, or are in a state of inactivity. The vagina and cervical canal contain leukocytes which are most abundant at their junction. The body of the uterus and tubes contain no leukocytes. These facts force upon us the following suggestions as to prophylactic treatment.

1. Make absolutely aseptic the vulva and vulval canal in every case. 2. Do not make a vaginal examination in a normal case.

Practically every case of Puerperal sepsis is caused by the examining finger of the obstetrician being laden with pathogenic bacteria. The proof of this proposition is evident from the fact that no sepsis exists where no vaginal examination is made. In about 94 per cent of the cases of puerperal infection the streptococcus is found to be the infecting agent. Less frequently the staphylococcus, the colon bacillus the gonococcus the bacillus pyocyanus the bacillus foetidus the pneumococcus the Klebs-Loffler of diphtheria and the tetanus bacillus are found to be the cause of puerperal sepsis. These bacilli are carried into the genital canal by the examining finger of the physician. Many hundreds of cases have been traced directly to the association of

the physician with infectious diseases. Epidemics of puerperal fever in hospitals have been quickly stamped out by avoiding all internal examinations, and the best morbidity, and mortality records ever known have been obtained *recently* in institutions in which vaginal examinations were eliminated as much as possible. The hands of the nurse, or imperfectly sterilized instruments or dressings may occasionally be the cause of the sepsis. Parts of the placenta or membranes left in the uterine cavity especially frequent in abortion or miscarriage cases may be the cause of puerperal sapraemia. Very rarely pus in the Fallopian tube may be squeezed out into the peritoneal cavity during the progress of labor and thus excite a septic peritonitis. The bacteria may enter a laceration in any part of the vulva or mucous membrane of the vagina or through a lacerated cervix and so gain access to the lymphatic channels. Or they may pass up through the uninjured vagina through the uninjured cervix and thus gain access to the placental site, which has been found upon post mortem examination to be the most frequent point of invasions. The bacilli penetrate the tissues of the uterus and distribute themselves throughout the body by the lymph channels or by the blood vessels.

SYMPTOMS.—Chill, elevated temperature, and rapid pulse are the initial symptoms. Foul discharge, edema of the vulva, redness of the mucous membrane of the vagina, spots of ulceration and false membrane, constitute the local symptoms. Palpation over the inguinal regions shows tenderness on one or both sides in the region of the broad ligaments. In septic metritis the uterus will be tender to pressure and involution more or less interrupted. Retention of the lochia may exist from flexion of the uterus only. Suppression of the lochia occurs in septic metritis. In early sepsis pain usually is absent. Fetor of the lochia is simply a sign of decomposition. Rapidity of pulse with very low temperature indicates an intensely septic condition. The most virulent of all types of puerperal septicaemia, general purulent peritonitis, is usually associated with low temperature and very rapid pulse and often with flat instead of tympanitic abdomen.

The key to the treatment of puerperal sepsis lies in the ac-

curacy of diagnosis of the tissues involved in the septic inflammation. Every elevation of pulse or temperature following confinement or miscarriage demands the most careful examination. Place the patient across the bed and in the dorsal position with the knees flexed. The light should be good. Examine for edema of the vulva, for tears at the outlet, for redness of the vaginal mucous membrane. With retractors or speculum examine for ulceration in the vagina or upon the cervix or for false membranes. Using the bimanual method ascertain if involution is progressive and whether the uterus is fixed or not; whether there be bogginess or tenderness of the uterine walls, enlargement of the tubes; enlargement fixation or displacement of the ovaries or whether there exist or not exudation in the pelvic connective tissue. The character, quantity, and odor of the lochia should be observed.

TREATMENT.

PROPHYLACTIC TREATMENT.—Always make the diagnosis of the position and presentation of the child by the external examination of the abdomen and by the stethoscope to ascertain if it will probably be a normal labor. Always measure the external diameters of the pelvis with the pelvimeter. Never make the internal examination in normal cases. The room should be selected with care, preferably on the second floor at a distance from the toilet. No stationary washstand should be in the room. It should be light, well heated for the sake of the child, and easily ventilated. The bed should be narrow and accessible from all sides. Abundance of boiled water both hot and cold, sterilized bed linen towels and gauze should be provided. The woman should have a full bath, a high enema and should have the vulva, perineum, buttocks and inner surface of the thighs scrubbed for twenty minutes with green soap and hot water and should have applied a vulvar pad of sterile gauze, but no vaginal douche should be given. The bed should be covered by a sterile rubber sheet and this covered by a sterile linen sheet. During the puerperal period the vulva is washed with a stream of warm boiled water from three to six times each day and dried and protected by the vulvar pad of sterile gauze, which is held in position by the ab-

dominal binder. A special care should be taken that all of the placenta and membranes be removed from the uterus and that the uterus be well contracted at the close of the labor. If it becomes necessary to make the internal examination the physician should prepare his hands with green soap and hot water for at least ten minutes or change the water in the bowl ten times. Give special attention to the finger nails and the surface beneath them. Immerse the hands in a hot saturated solution of permanganate of potash until stained a deep mahogany color, then immerse in a hot saturated solution of oxalic acid until the stain is removed.

A wide separation of the valva will permit the sterile finger to penetrate the sterile vagina without contamination from the vulva.

II

The number of internal examinations should be made as few as possible and each examination preceded by the same complete sterilization of the hands. Post mortem examinations should never be conducted by physicians who are engaged in obstetric practice. All instruments used should be boiled for ten minutes in a solution of baking soda one teaspoonful to the quart. Silkworm gut should be boiled wiped with sterile gauze and re-boiled. The primary operation for laceration of the perineum should always be done with sterile silkworm gut.

OPERATIVE TREATMENT.

An exact diagnosis of the tissues involved in the septic inflammation should first be made. In every case of puerperal infection a thorough curettage of the uterus should be done. First step in the operation should be:

1. Sterilization of operator and instruments. 2. Sterilization of the vulva and vagina of the patient. 3. Intra-uterine douche with sterile glass catheter using sterile water in abundance. 4. Curette the entire uterine mucous membrane with a dull curet going over the entire surface from six to twelve times and until nothing is brought away, but bright blood. 5. A second copious intra-uterine douche of sterile water. 6. The uter-

ine cavity should be packed full of sterile gauze. 7. Areas of ulceration and false membrane on the vaginal mucous membrane or the external surface of the cervix should be touched with a solution of nitrate of silver one dram to the ounce. 8. Raw surfaces due to laceration should be dusted with Iatrol. The gauze packing is removed in twelve hours. The specific tincture of Echafolta should be given internally one teaspoonful to a glass of water from which teaspoonful doses may be given as often as required. Intra-uterian irrigations are continued every three to six hours as long as required. One or two drams of echafolta may be added to each gallon of the irrigation solution. The curettage is not to be repeated nor the intra-uterian packing unless drainage is interfered with by flexion of the uterus. Copious rectal injections of normal salt solution may be used to advantage.

OPERATIVE TREATMENT OF SEPSIS.

Celiotomy following labor for puerperal sepsis should only be undertaken after the most painstaking analysis of the case, and only when the operation has tangible evidence of localized disease in the abdominal cavity. It is indicated in diffuse suppurative peritonitis when the abdomen may be regarded as an immense abscess cavity. It is also indicated in localized suppurative peritonitis, in suppurative salpingitis, ovaritis and metritis. Celiotomy is contra indicated in simple sapremia in septic endometritis of all forms including the diphtheritic ulcerative and suppurative varieties. It is contra indicated also in phlebitis lymphangitis and indirect infection of the blood current. An exploratory celiotomy is sometimes necessary to determine whether a suppurating mass in the pelvis is intra or extra peritoneal. It is never justifiable to open the abdomen unless the physical signs of inflammation in the abdomen or pelvis are evident.

Should the inflammation terminate in an abscess in one or the other of the broad ligaments and be there localized, vaginal celiotomy should be done, the abscess opened drained and packed with sterile gauze. This packing should be replaced with sterile gauze. This packing should be replaced in 48 hours by a T

rubber drainage tube, which remains in the abscess until contraction and healing take place.

Abdominal hysterectomy for puerperal sepsis is indicated where there exists general suppuration of the wall of the uterus or where there exists such extensive suppurative inflammation of the broad ligaments, tubes, ovaries and uterus that to leave behind any of these structures would mean a re-infection of the abdominal cavity.

Copious irrigation with normal salt solution together with abundant gauze drainage should be done in every case of intra peritoneal suppuration.

In diffuse suppurative peritonitis medium drainage is not sufficient, therefore openings should be made through the lateral abdominal walls through which the gauze drainage should be carried.

DISCUSSION.

DR. GEO. E. BROWN opened the discussion by saying ; while I have had no opportunity to read the completed paper, yet I have anticipated what the professor would have to say, and knew that I should be well pleased. A paper complete in every detail, a grand presentation of the subject. The paper must impress us all, as to what scientific obstetrics means. A little consideration, will show that this, is not, meddlesome midwifery. Dr. Beebe omitted to mention some facts, that warrant such minute attention to details. All the results, so markedly favorable, as compared to former periods, are due to attention to details. Dr. Collingwood investigated the mortality rate amongst women. We flatter ourselves that the women during this period enjoy better health, but this is not so except in a maternity hospital. His investigations also show that there is a reversal of the mortality rate now as compared to thirty years ago. These results come from the hospitals, carrying out the principles of scientific obstetric surgery, while the private physician fails to carry out these principles, at which he sneers. The result of this careful method of management, is not only a saving of life, but also of sickness. True many of these methods may be unnecessary but

we can hardly do away with any of them until private practice shows as good results as hospital methods.

DR E. H. KING.—Had had very little experience with this disease, and seldom when brought to face to face with it could identify the different tissues involved. It is often hard to diagnosticate the state of affairs we have to deal with. Remembered once being called to treat a case of pneumonia and during the case delivered the woman of a child. In this case the inflammation spread from the thorax to the pelvis. It was hard at times to say which was making the most trouble the inflammation in the lung, peritoneum or uterus. Complications often cause us much trouble without any septic infection. Used the blunt curett, clearing out the uterus, thorough washing, but no gauze.

DR. DRAKE.—When doctors disagree who shall decide. In a recent journal article the author gives statistics at variance with those of Dr. Brown, showing a greater decrease of sepsis in private practice than that of hospitals, and a decrease in both. Much of this improvement is due to its better treatment.

DR. B. A. WHEELER.—The reason so many of our physicians present to-night, hold back is because they do not want to strike a discordant note in the proceedings of the evening. While the paper was being read I thought that the Creator had hardly treated man right when he required such procedure as this, before coming into the world. The paper said that septicemia never came without digital examination. The statement is not true, and therefore the deduction from the statement can not be true. Puerperal diseases are known, where these examinations are unknown. If it be necessary to do these things, I must look back upon my practice as being deficient. Simple cleanliness is necessary, to secure good results.

DR. A. C. STEWART.—Can only say that my personal experience coincides with the last speaker. I never take any special precautions. Have been practicing in the southern part of the state amongst Americans, Indians and Mexicans where everything is very loosely done. Reported a case of an Indian woman nearing time for delivery, who, while milking in the barn yard was butted by a calf and child was delivered, then and there. Found mother

and child both lying in the straw and filth of the yard. Picked them up and rubbed the soil off as best we could and placed them in bed. Woman up and all right in six or eight days. Indians are very filthy, some so filthy that I refuse to touch them and take the thing from a distance, and they do nicely.

DR. WALTER J. KING.—Asked how, after the finger had been properly sterilized, one could keep the finger clean while introducing it into a dirty vagina.

DR. SMYTHE.—The paper is so contrary to my own views, my own teaching and the principles of homeopathy that I thought I would not say a word. The facts are gleaned from old school sources, and the essayist has ignored the homeopathic treatment entirely. He fails to tell us that homeopathy has, and will, often nip this disease in the bud without the use of any local measures whatever. Paper is admiral in its preparation and may be all right for those who desire to follow such methods. The homeopathic remedy is preferable to packing and other operative procedures. Have no objection to the curetting and the flushing, but have to the packing. It is often the physician's duty in miscarriage to explore the uterus, clean it out, but not to pack it; for thereby he defeats the purpose of curettage. If I thought that homeopathic treatment could not control sepsis more surely than any other treatment, I would not be a homeopath.

DR. HOAG.—No fatal case in twenty-five years' practice, but only use cleanliness. Make vaginal examination. Have had a few cases that could be called septic. Used homeopathic remedies, injection of peroxide of hydrogen solution and the patient recovered nicely. Have in abortion, curetted a number of times, but depend on the homeopathic remedy.

DR. STELLA M. CLARKE.—One may throw a lighted lamp on the floor many times without evil results, but it is not a procedure one would care to follow.

Surgical cleanliness is greater than ordinary cleanliness. Reported case of retained membrane, following normal labor, temperature on third day reaching 100° , used bi-chloride solution 1-10,000 and the inner uterine douche, followed by the saline solution with immediate relief to the temperature rise.

DR. ANDERSON.—Physicians should wash their hands before any examination. When one starts to irrigating with an irrigating thing, scrubbed with green soap and comes in contact with an abrasion, there is very apt to be fever, not septic fever, but surgical fever. No necessity for sepsis if you are clean, keep foreign drugs out of the vagina and use the homeopathic remedy.

DR. BEEBE.—closed the discussion by saying that normal treatment of normal confinement cases approximates very closely to treatment of the aborigines. As the woman is taken care of without local examination so it is closely approximate to what the creator designed. The bath is for cleanliness, the high enema for cleanliness, and to prevent retardation of labor, the scrubbing of the vulva with green soap is to remove the gross dirt and for sterilization. When labor is not normal, how much better to be prepared and go into that pelvis free from taking chances. Kelly says no matter how long the hands have been scrubbed in sterilized water, you can still get cultures, but not after the use of the permanganate and oxalic solution. Every rise of temperature after delivery is due to sepsis. Where there is sepsis—by taking a drop of blood from the arm of the patient you find the bacteria. There is no doubt in my mind, but that the germs travel through the body and produce the disease. We should distinguish carefully between Surgery and Homeopathy. Sepsis is exceedingly rare during period of gestation. There are three classes of exception to the finger as a cause. 1st. Nurse introduces germs into the vulva when washing it or by placing dirty rags over it. 2d. Uterus incompletely emptied. 3d. Pre-existing septic salpingitis.

DR. HARRIS asked where does the germ come from when a portion of the placenta is left in the uterus?

DR. BEEBE.—It is a putrefaction germ producing a ptomaine and a chemical poisoning. A mild infection at once cut short by curettment unless a secondary infection has taken place.

The program for March 20, was announced as Objective Symptoms in Infantile Disease by Dr. O. S. Vinland and Infant Feeding by Dr. Emma F. A. Drake.

The Microbe in Puerperal Fever.

THE following extracts from a paper written by Dr. R. N. Foster and published in the January number of the *Homeopathic Journal of Obstetrics* are so manifestly true and rational that we take pleasure in presenting them to our readers. After discussing the usual causes of puerperal fever, the writer has this to say of the microbes :

"Right here lies the crux of the whole matter. The vital question is this: In the pelvis full of bruised and lacerated organs, what is the exact and true cause of subsequent fever and septic inflammation?—These lacerations, these wounds, these tissues ground to death by sheer brute mechanism, or the little organisms that find in the débris a fit indus for their own development and fit sustenance for their growth? Unquestionably, the original wounding of structure is the true and primary cause of the subsequent disease process. Into an unhurt pelvis the microbes, with the long name of gold, might swarm by myraids, and their presence never be known. Just as has been found in diphtheria, the bacillus, once supposed to have been the sole cause of that disease, is now known to exist in thousands of throats without diphtheria, while thousands are known to have diphtheria without the bacillus, thus demonstrating the indifference of the role played by the micro organism. So is it doubtless in puerperal inflammations. Tear a woman's womb to pieces, and you will have trouble—microbe or no microbe; and that trouble will be death from hemorrhage, or some of the forms of traumatic inflammation. The secretions of the pelvic glands are of a peculiar, mixed and various character. They readily give rise, when disordered, to excoriations, ulcers and erysipelatous, gangrenous and diphtheritic inflammations. No part of the body is so rich in pathological products.

"And the question again is the same in all these affections—are they the result of a perverted physiology or of germ invasion? Is it not most reasonable, from all analogy, and from

all that is positively known of such matters, to suppose that the pathological condition is first and the micro-organism second—and even indifferent—in the processes? For my own part, I am compelled, now as ever, to read it in the former way. Supposing that we do trace the microbe by way of veins or lymph channels all the way from a wound on the labium to the innermost recesses of the lungs, what have we proved? Did not the disease—the wound and its extension—precede the progress of the microbe from the first to last? The microbe would never have been bred there so abundantly, had it not been that the diseased state afforded the specific conditions required for its development? And under any other conditions it is probably rather helpful than harmful. The microbe as a cause of disease is an easy subject of the *reductio ad absurdum*. For if the microbe is really the cause of the many diseases in which it is found, then most probably it is the sole cause of all disease, and is thus the sole cause of death. Therefore, if it were not for microbes, all creatures would possess an earthly immortality! If this is not so, then we can have disease and death without microbes.

* * * * *

"Granting the widest possible range of existence to the microbe, we cannot imagine that the relation of the human organism to it, is so utterly unique, that it differs from the relation of the same organism to any other element of its environment. Such a doctrine is *prima facie* irrational, and no experiment or mere laboratory work can ever make it otherwise.

* * * * *

"In brief, the microbe as a veritable cause of disease, is losing ground in the practice and opinion of the medical profession, and in no field has the theory been so useless, and so injurious even, as in obstetrics. The favorite douches now are the thymol, eucalyptol, and similar compounds, which are good deodorizers, but not injurious to the patient, and not germicides. The medical profession cannot always be prevented from learning by experience. There was a time when the man in the laboratory almost dictated to the obstetrician, or to the general practitioner, what his line of diagnosis and treatment must be. But in truth,

the laboratory student has as much to learn from us as we have from him. It is the physicians who wait by thousands at the bedside of the sick all day long, year in and year out, who know at last the true relation between treatment and disease. At least they are the experts. They have the whole field before them in its most important aspects, and their decision is always final. And with many thanks, which are indeed his just due, to the man who toils amid cultures and toxines, we shall adopt from him only that which serves our purpose, and which clinical experience proves to be necessary.

"Columbus sailed westward intending and expecting to discover the East Indies. He failed in that, but he found what was a thousand times better—the American continent. In like manner, medical research set out to prove the microbial origin of disease and its cure by germicides. It has failed in that hope, but it has taught us the value of cleanliness—the true antisepsis; it has taught us also to be more thoughtful, watchful, discriminating, and prompt to apply our remedies. And I think it has helped us to know that at least one genuine cause of septic fever in midwifery is a wound. The primary factor is thus freed at once from all that is mystical and unessential. It is a knowable, demonstrable, scientific cause. This wounding of structure, which takes place in all labors without exception, is sometimes too insignificant to attract attention, but is often most serious. It occurs among organs of peculiar susceptibility and of vast and varied relation to the rest of the organism. It is accompanied oftentimes by a physiological wounding or exhaustion, which is only second in importance to the anatomical wounding; because it confuses and breaks down the forces that function in secretion, excretion, and so forth, and the effects are seen in the pathological changes in all these products.

* * * * *

"Whether we regard the cause or the cure of puerperal septicemia, as of other forms of zymotic disease, the microbe is an indifferent element, a neglectable quantity. The whole business can proceed with or without the presence of the germs. Twenty years of all kinds of experiment have not convinced us of the

value of germicides in the treatment of septicemia; else why does the profession abandon them? But all experience has taught us the danger of a puerperal wound as the first factor in puerperal fever; likewise the danger of infecting a wound by material carried to it from other sources.

"We may sum up the doctrine of this paper, then, as follows:

"First. Wounds inflicted upon the reproductive organs are the cause of puerperal inflammations.

"Second. These inflammations are the cause of the perverted functions and the pathological products of puerperal fever.

"Third. Absorption of these products is the essence of puerperal septicemia, which may be either an auto-infection or a hetero-infection.

"Fourth. These assumed facts indicate the proper means of prevention and cure, viz.: To avoid the wounding as much as possible; to forestall the inflammation; to wash away the diseased products; to carefully avoid introducing such products, which are of similar origin, from other sources.

"Finally, as to all pervasive microbes themselves; their exact function is not as yet fully determined; but from the score of varieties found connected intimately with the digestive fluids of the mouth, and from other indications also, it is most probable that they are simply histological elements originally, the proper metamorphoses of which have been interrupted or deflected by pathological conditions set up in the organism of which they are an essential part."

Dr. Genevieve Tucker of Pueblo, President-elect of the Homeopathic Medical Society of the State of Colorado, recently read a paper on "Myths of India" before the Norton Art Club of which she is vice-president.

The regiments of soldiers at Santiago de Cuba, who were supposed to be immune against yellow fever are really *not* immune it is said, and cannot remain there during the sickly season without suffering great losses.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

W. A. BURR, M. D., Associate Editor. J. WYLIE ANDERSON, M. D., Business Manager.

All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 403 California Building, Denver, Colorado.

All business communications should be addressed to Dr. J. Wylie Anderson, 16 Steele Block, Denver, Colorado.

Editorial Comment.

THE Institute transactions for 1898 have not yet appeared. And why not? The time has arrived when the Institute affairs of last year have been laid aside and professional attention is directed to the approaching convention in Atlantic City. The volume for '98, if it ever appears, will be looked upon as a "back number," and quietly placed on an upper shelf. In these rushing days of professional activity no time is left for reviewing last year's essays or last year's books. The demand is for the living present, and nothing so obsolete as a yearling publication will receive any sort of consideration.

We were told at Omaha that the publication committee would resent any interference from members of the Institute. Even a suggestion as to the contents of the *coming* volume, would cause us sorrow and regret. That settled it. We have never peeped since, nor have we heard any one else peep.

THE attitude of the Press of Denver toward the Medical Bill in our Legislature was to many quite anomalous and apparently unjust, but when considered from the standpoint of selfishness, it was entirely consistent and reasonable.

One provision of the Bill would have made it uncomfortable for quack advertisers to do business in this State, and this feature at once arrayed the entire City Press in violent opposition.

Under the false assumption that the law, if enacted, would shut out the Christian Scientists, the newspapers started a crusade against it and did everything possible to arouse public op-

position to the proposed law. The real animus was the fear of losing the large advertising patronage derived from the quacks who infest our city.

Having drawn attention to parts only of the Bill, they supplied, through repeated editorials, arguments for the Scientists, Osteopaths, fakirs and "heelers" who were induced to go before the Legislature and oppose the measure, with the result of making its enactment a matter of considerable doubt.

Most strenuous efforts were made to defeat the Medical Bill by offering amendments to the original text. Some of the more reasonable ones were adopted, but many others were rejected. One old sinner offered an amendment requiring physicians to respond to all professional calls, by whomsoever made, under a penalty of \$1,000, or one year's imprisonment for each refusal. This absurd proposition was undoubtedly inspired by the newspapers with a view to defeat the Bill, but nevertheless it escaped adoption by a very narrow margin.

Dr. C. W. Judkins, representative from Pitkin County, who had charge of the Medical Bill in the House, handled it with excellent judgment and discretion, and finally, on March 4, secured its passage by that body. Though somewhat disfigured during the rough voyage, it came through in fairly good condition. Its fate in the Senate at this writing is somewhat doubtful, but its friends think there is a fighting chance for final passage.

ACCORDING to the teaching of the bacteriologists, man is not only unclean but uncleanable. When the hands are scrubbed with *sapo viridis* for ten minutes, then immersed in potassium permanganate solution for ten minutes, to be afterwards soaked in a solution of oxalic acid for ten minutes, and still remain septic enough to infect the parturient woman by mere contact, Heaven help us, for man's ingenuity has failed to overcome such defilement.

TO THE man behind the microscope, the study of bacteriology has its fascination and uses. To the medical student, much of it

is a waste of valuable time, and later militates against "the first and sole duty of the physician," which "is to restore health to the sick."

DOES the presence of the typhoid bacillus in the blood of a fever patient afford the slightest clue to the selection of the homeopathic or any other remedy? Surely not. Does the presence or absence of the streptococcus in puerperal septicemia aid us in our choice of the simillimum? Never, in a single instance. Wherein has the discovery of the tubercle bacillus advanced the treatment of tuberculosis? In nothing whatever. It has simply become the plaything of health officials, pharmacists, quacks and the man behind the microscope.

IF the man behind the microscope tells you that a given discharge is loaded with pyogenic microbes, of what import is it to the patient or to the physician, so far as the selection of a remedy is concerned? None whatever. Though purely local and accessable, the germicides are not only useless, but often injurious.

THE practical side of homeopathic medicine has claims for and above those of the biological. The physician who yields to the fascinations of the hunt for micro-organisms, will thereby weaken his powers to discern the essential symptoms of disease; divert his attention from the proper study of remedial agents, and greatly detract from his ability to cure the sick.

PHYSICIANS who really believe in the germ theory of disease must be miserable indeed. By their own showing they are polluted inside and out. Their epidermis is so soiled that chemistry even has failed to find a successful detergent. Their mouths are breeding places for the deadly staphylococcus pyogenes aureus. The pneumococcus nests in the hidden recesses of their lungs. Their throats are lined with colonies of the Klebs-Loeffler bacillus. Their bacilli-laden sputum is gathered up by the winds of heaven, and becomes a menace to all living things. Their stomachs and intestines are the repositories of all the my-

riad forms of micro-organisms which they believe were created for the sole purpose of annihilating the human race.

Bound in the fetters of a spurious philosophy, false theories and a pretended science, they are hopelessly miserable, and

“The miserable have no other medicine,
But only hope.”

College and Hospital Notes.

Dr. Benjamin F. Bailey, President of The American Institute of Homeopathy, will deliver the principal address at the College Commencement, April 14. The College authorities are to be congratulated on securing Dr. Bailey for this occasion.

The success of the new hospital has more than met the expectations of its promoters. It has been filled almost to its capacity, and it has become necessary to increase its nursing force. The wards are constantly occupied, and at this writing, there are but two vacant rooms in the house.

The Alumni Association of the Denver College will give a banquet in the evening, immediately after the Commencement exercises. From all we can learn it is to be a notable event in the history of this young and vigorous organization.

This is the time when the Seniors begin to consider the practical side of professional life. No doubts have yet arisen to mar their vision of immediate success. It is now only a question of place and opportunity. The long, weary, waiting days which will come to most, if not all of them, are not to be anticipated, but must be patiently borne to be appreciated.

If these waiting days are properly utilized, they serve to lay the foundation for future success. Just now these prospective

physicians are under the glamour of surgery, and every one would be a great surgeon or gynecologist. We would remind them that surgeons and gynecologists are not often sought for among beginners.

Surgery in all our colleges has, for many years, taken first rank, and often more important instruction has been obscured by the apparent brilliancy of surgical accomplishment. A critical review of results is not entirely satisfactory. It is not one of unalloyed good nor quite that of unmitigated evil. One can discover both good and evil, but altogether too much of the latter.

For the beginning practitioner, the surest way to future success, is the steady, persistent application to the study of *materia medica* and therapeutics during all the waiting days of your early career. You leave the college well grounded in the principles of surgery, but your first work will not be in that line. You will first be called upon to heal the sick, and, according to your ability to discern the symptoms of disease and to quickly select the true *similimum*, will your services be appreciated and your practice advanced. If you aim at a surgical practice nothing so surely leads up to it as a successful medical practice.

THE PASTEUR HUMBUG.—In 1897 Paris was very hot in the summer, and the dogs in the streets were carefully watched by the police. In 1897 over 1,400 persons were bitten by dogs, cats, and horses. Many of these animals were not mad, but 350 of the victims sought the care of the Pasteur Institute, *six of whom died*. These figures vastly exceed any average of deaths from hydrophobia before the introduction of sero-therapy and the celebrated inoculations. Out of fourteen hundred persons bitten, twelve hundred and fifty who did not worry over the bites, and would not be inoculated with serum lived on without needing any medication.—*Cincinnati Lancet Clinic.*

A Word From Atlantic City.

THE Atlantic Homeopathic Medical Club has nearly completed its part of the program for the coming meeting of The American Institute of Homeopathy, which will be held in June. President Bailey, on his eastern trip, stopped at Atlantic City and went carefully over the arrangements with the Club, and gave them his hearty approval. He says that the meeting rooms that have been secured upon the new steel pier are ideal, and the finest that the Institute has ever had. They are away from all noise and confusion, are over the water, will be delightfully cool, and in every way satisfactory.

The program this year will be of more than ordinary interest, as will be seen when it is completed and published. Each section will have two full hours before the entire Institute in addition to the regular sectional meetings. This will be a very pleasing feature.

The local committee will look after the social side of the meeting in a manner that will be pleasing to everyone. On Thursday evening, they propose giving a smoker, and on Saturday evening, a banquet. The Ladies Club will look after the entertainment of the wives and friends of the members in a manner that will not permit them to become homesick while in Atlantic City. There will be afternoon teas, deep sea sails, a ride to the Country Club with lunch, a trolley ride ending with a steamer trip across the bar, and a theatre party.

The Alumni Association of Hahnemann Medical College of Philadelphia propose giving a smoker, and the Germantown Club will take up an evening after the regular session, with one of their unmatchable meetings.

All things considered, the outlook for a grand time in Atlantic City, from June 20 to 24, is very bright, and it is perfectly safe to predict that this will be the best meeting in the history of the Institute. A special effort is being made to secure a large number of new members; this effort is meeting with success, as a number of applications have already been received. The co-operation of every member is desired in this effort. A large number will attend this meeting and rooms are now being engaged. All of the hotels are open to the Institute and there will be room for all. No hotel will be selected as headquarters, the members may go where they please: headquarters will be on the pier."

A. W. BAILY,
Chairman Local Committee.

Books and Periodicals.

THE COMING AGE is the newest magazine to bid for popular favor, and from the appearance of the early numbers it will undoubtedly succeed in winning it. With Mr. B. O. Flower and Mrs. C. K. Reifsnyder at the helm, it goes without saying that this new monthly will be a good one. All the old readers of the *Arena* when it was under Mr. Flower's guidance will know what to expect from him in this new literary venture. *The Coming Age* is a handsome publication and we wish it the large patronage which it deserves.

THE PORCELAIN PAINTER'S SON, by Samuel Arthur Jones, M. D., is a handsome little volume from the press of Boericke and Tafel.

The author calls it "A Fantasy," but the reader will call it something more than that. In fact, it is a most interesting sketch of Hahnemann's life; presented in such a way as to please both lay and professional readers. Price, cloth \$1.05. By mail. \$1, net.

LEADERS IN HOMEOPATHIC THERAPEUTICS.—By E. B. Nash, M. D., In this book of 380 pages Dr. Nash has condensed a vast amount of highly important information for homeopathic physicians and students. It is as he says, "not a complete *materia medica*, nor yet an exclusive work on practice, but rather facts and observation in practice and principles which I have abundant reasons for believing true and reliable."

The statement exactly covers one's impression of the book. Its practical value is apparent on very page. Although one may be perfectly familiar with the general tenor of what the author says, yet his comparisons and acute insight into the very genius of the remedies at once attract and hold the attention. Whoever has this book will read it many times and each time with renewed interest. The beginner will find it a steadfast companion and a most reliable guide for the successful administration of our leading members.

Published by Boericke and Tafel, Philadelphia. Price, cloth, \$2.50 net. By mail \$2.56.

Dr. A. J. Craine, formerly of Kenton, Hardin Co., Ohio, has located at Colorado Springs. The doctor has had an extended experience in Ohio, and we wish him success in his new field.

Personal Notes.

Dr. A. C. Stewart has moved his residence to South Denver.

Dr. Daniel A. MacLachlan, of Detroit, has had another honor added to a long list of preferments in the appointment as member of the State Board of Health by Governor Pingree. He is generally considered by his friends an able man for the place.

Dr. Curtis M. Beebe, we understand, has taken the practice of Dr. Allen, of Eaton, during his absence.

The poet Tennyson could take a worthless piece of paper and by writing a poem on it, make it worth sixty-five thousand dollars—that was genius.

Vanderbilt can write a few words on a sheet of paper and make it worth five million dollars—that's capital.

The United States can take an ounce and a quarter of gold, and stamp upon it an "eagle bird," and make it worth twenty dollars—that's money.

The mechanic can take material worth five dollars and make it into a watch worth one hundred dollars—that's skill.

The merchant can take an article worth seventy-five cents and sell it for a dollar—that's business.

A lady can purchase a very comfortable bonnet for three dollars and seventy-five cents, but she prefers one that costs twenty-seven dollars—that's foolishness.

The ditch-digger works ten hours a day and shovels three or four tons of earth for four dollars—that's labor.

The editor of this paper could write a check for eighty million dollars, but it would not be worth a nickel—that's rough.—*National Retail Jeweler.*

Mr. John Kochen, prominently identified with scientific work, especially botany and chemistry, died on the ninth day of March, at his rooms in this city.

At last accounts the medical bill is making rapid progress towards becoming a medical law. We hope to hear in the near future of its final passage and approval by the Governor.

The excessive cold weather prevented the occurrence of new cases of la grippe in Denver and hastened the recovery of many already prostrate with the epidemic. On the other hand the protracted zero weather was greatly detrimental to many cases of

phthisis in the advanced stage. The death rate from this disease was much greater than usual during the months of January and February.

Already there is a decrease of forty per cent. in the death rate at Havana, as a result of the sanitary measures introduced under the new regime.

It is said that Professor Wasserman, one of Professor Koch's pupils, claims to have discovered a new serum for the cure of pneumonia. Rabbits were inoculated with the *pneumococcus bacillus* and the serum thus secured.

Two of the Los Angeles boys are studying medicine at the Denver Homeopathic College,—Will Manning, son of Dr. C. E. Manning, and Guy S. Vineyard. They report things very satisfactory, and the college is flourishing.—*Pacific Coast Journal of Homeopathy*.

Patient—"Do you think a bicycle would be good for me?"

Doctor—"Yes."

Patient—"Would you prescribe one for me?"

Doctor—"Yes, I would."

Patient—"You Homeopaths usually fill your own prescriptions, do you not?"

Doctor—"Yes."

Patient—"Then send me a bicycle, please."

Surgical Notes and Gleanings.

Some surgeons are so morally and physically dirty, due to their speech, actions and habits of life, that nothing but the grace of God and the continued washing, scrubbing and cleaning would make them pure enough to do *any* work upon their fellow man.

Liquid air is the latest thing to claim surgical honors. Most perfect disinfectant. The germ crank can use it feeling absolutely safe that asepsis has been obtained. Wounds can be cauterized with it; cancer removed; hospital rooms kept cool in summer. As a means of rapid sterilization heat and hot water will no longer be in it with liquid air.

A sure sign of ignorance in a Homeopathic surgeon is the indiscriminate use of morphine after surgical operations. A drug

that will paralyze the nerves of sensation, will at the same time retard the process of healing. The indicated remedy will relieve quickly without subjecting the patient to the possibility of the dire results of the morphine habit; also will aid rather than hinder the healing of the wounds.

Cleanliness as attained by mechanical means, as exemplified by the free use of soap and hot water, freely applied by scrubbing with a brush, is all-sufficient as a means of preparation for the hands of operators and nurses. Chemical germicides strong enough to destroy the product of disease (germs) are detrimental to the tissues.

The new furniture for the operating room was secured by Mr. J. Durbin from Bernstein & Co., of Philadelphia, one of the largest manufacturing houses of hospital furniture in the country. The instrument trays, tables and instrument case are all made of white enameled iron and plate glass. These, together with the present furnishings, make this the handsomest operating room in the State. All surgeons and physicians of whatever school are invited to inspect and use it.

Orthopedic surgery has made such rapid strides in the past few years, until now it keeps pace with other branches of surgery, and almost any kind of deformity can be relieved or corrected. This is largely due to American surgeons whose inventive genius and mechanical science have added so much to this branch of surgery.

In handling persons in contact with a live electric wire, catch a portion of the clothing of the victim and pull them away. Use rubber gloves, and one can handle the subject with impunity; or wrap the hands in dry cloths and lift the person off the wire. Use dry wood and push them off if possible. Never use anything that is wet in the hands.

Among the Journals.

By W. A. Burr, M. D.

THE PACIFIC COAST JOURNAL OF HOMEOPATHY.

Dr. H. R. Arndt, of San Diego, California, has a leading *Hahnemann's* article on "The Teaching of Hahnemann as Viewed Doctrines After the lapse of a Century." The following are extracts:

"The doctrines of Hahnemann have been subject to this universal law of being; they have been tested, modified, and at

times and to a certain extent changed in their application, yet have ever preserved their integrity. No stronger proof could be furnished of their inherent vitality. If unable to bear the close scrutiny and the sharp tests of science, the *Blind* worshipers of the man Hahnemann might remain faithful to their idol by closing their ears against the arguments of modern medical science; but the surging mass of thinking men, the "iconoclasts" of this day, would be swept away from this seer of a hundred years ago. Abundantly able to bear this scrutiny, homeopathy to-day finds its most faithful devotees, not among the retroactive, but among the earnest and progressive thinkers."

"I have ever maintained that the generally admitted efficacy of the attenuated drug depends upon nothing more than that minute mechanical subdivision of matter which affords the remedy prompt entrance into the microscopic circulation, thus coming into immediate contact with sensitive anatomical structures to which direct access could not be had by more coarsely divided or by crude matter, thus gaining time, getting nearer to the primary structure at fault, and avoiding a 'blocking-up,' as it were, of the more nearly ultimate tissues. I believe that this view is bound to be eventually accepted by all."

"Hahnemann's 'theory of chronic diseases,' rationally interpreted, is valid to-day and constitutes his crown of glory. There is no need whatever of apologizing for it, no excuse for thinking of it as a relic of the old days. No medical student in the world but that acknowledges the correctness of the general proposition that the suppression of an exanthem involves great danger."

"The fame of Hahnemann as a teacher is safe. If you and I forsake him, the medical profession at large will for his own sake acknowledge his authority and eventually claim him one of its prophets."

NORTH AMERICAN JOURNAL OF HOMEOPATHY.

"The charge made by General Miles that the beef furnished the soldiers at Porto Rico was chemically preserved seems to be supported by chemical analysis. Professor F. W. Clarke, chemist of the Geological Survey states that he found undoubted evidence of the presence of boric acid and salicylic acid in beef-tea made from refrigerator beef and furnished to the army in Porto Rico. This, if true, is only one of the many inexcusable blunders of the War Department. Nor are there signs of much improvement. At present the health of the army in Cuba is seriously threatened. Smallpox is prevalent and yellow fever spreading, and yet, although a month

has elapsed since these facts were known, only eight hundred vaccine points have been shipped to Havana. A little less time spent in personal quarrels and a good deal more time devoted to the public service might improve matters."

Preparations for the meeting of the American Institute at Atlantic City, next June are already far advanced. The local committee is hard at work and with characteristic energy is leaving nothing undone that may in any way contribute to the success of the meeting. All the arrangements for the session of the Institute are not yet completed, but it may be stated that a more delightful place to hold the general and sectional meetings than the one selected could not be imagined. Think of five auditoriums and meeting-rooms situated directly over the rolling waves of the Atlantic! There is little likelihood of much complaint because of the heat. It will be an ideal place for Institute meetings. Although not yet officially decided, it is probable that the session of the Institute this year will not run over Sunday. If it begins on Tuesday it will end Saturday. There will be also some unique features in the entertainments given the Institute at Atlantic City. Dr. Baily, the genial and popular chairman, knows all about these things, but pleasure, however enticing, will not interfere with the work of the Institute. President Benjamin F. Bailey will doubtless visit the east next month, when plans will be finally considered. The date of the meeting will probably be June 20, 1899."

"Liquid air needs careful handling, as was shown in the Handle laboratory of Columbia University, where Professor With Care." Tripler was experimenting before a large class of students. A pail of liquid air was spilled and all in the room were nearly frozen before the doors and windows could be opened to let in the *warm* air (32° F.) from outside."

Illness and "Last month six convicts in the Kings County Penitentiary became insane and were sent to the asylums. Insanity. Enforced idleness caused the insanity. These are not the first cases and there will be many more, unless the present barbarous and inhuman law governing convicts be changed."

Too Small. "In some statistics lately issued the number of Christian Scientists is put at 70,000. Of course it is understood that only those who possess an absolute ignorance of science and the requisite scarcity of Christianity are included in this enumeration. We should have supposed there were several millions."

AMERICAN HOMEOPATHIST.

College Professors. "A professor who does not keep his appointment in a school where the student pays for his services, has no business in that school. For primarily, he sets a bad example in failing to do his duty: a very valuable lesson to indicate."

Lemon Juice in Nosebleed. Says the *Medical World*: "A persistent nosebleed may be stopped, after carefully wiping out all the clots, by injecting into the nose a glass-syringful of lemon juice. Press the tongue hard against the hard palate and hold it there to control sneezing. Paint itching chilblains lightly with equal parts of iodin and carbolic acid."

"The American Homeopathist does not quarrel with **Homeopathy** the bacteriologist as a bacteriologist. It accords him **First.** every praise due his discoveries and utility. But it does say that a homeopathic college should teach Homeopathy as the leading card, with bacteriology and any or all the other 'ologies as of the second rank. Our ridicule is levelled at the bacteriological homeopath (limited) and not at the honest homeopath who is also a bacteriologist."

MEDICAL CENTURY.

A Good Record. "The report of the medical and surgical staff of the National Homeopathic Hospital, Washington, D. C., shows a most excellent record for the six months ending June 30th, 1898. There were admitted 415 patients—a gain of 328 over last year. Of these 146 were males and 269 females. The whites numbered 297, the colored 118. Of the number admitted 344 recovered, 24 improved, 2 were pronounced incurable and 8 died."

Course of La Grippe. Dr. Fisher writes a most excellent article on the recent epidemic. Here is what he says on the course of *La Grippe*: "La Grippe is a hydra-headed monster. It is the most deceptive and treacherous ailment in the category. Even mild epidemics leave a trail of disaster; while emphatic epidemics are the most subtle and far-reaching in destructiveness of any known to the medical profession.

"Most epidemics pursue a well-defined course, coming on mildly, increasing in severity until reaching a climax and then diminishing in severity until altogether burned out, without changing type. La grippe is an exception. Cholera is always cholera. Small-pox is always small-pox. Diphtheria is never anything else. Scarlet fever is rarely confounded with anything,

though it may mix up with diphtheria in individual cases. With these diseases the physician can put his finger on their pulse and give them name. So also with la grippe in its initial invasion. But once this has spent its force there are still left a myriad of sufferers whose ailments are due to la grippe, whose cases are la grippe in effect, which tax the diagnostic abilities of the medical profession to the uttermost. Not only this, but they baffle treatment unless the relationship is clearly understood.

"Hardly has the serpent been hit on the head when it shows its venomous presence in another anatomical locality, its poisonous stroke being seemingly intensified by the administered blow."

Publishers' Notes.

Dr. Given's Sanitarium for Mental and Nervous Diseases and Habitués of Drugs and Stimulants at Stamford, Conn., offers unexcelled advantages for those requiring special treatment. It is located within fifty minutes of New York City, on a hill overlooking Long Island Sound, and with forty-two trains each way daily. During the past year another cottage and many improvements has been added, and the place is up to date in every respect.

SUMMER TIME IN THE SOUTH.—If seeking a quiet spot for a summer vacation "The Colorado Road" affords the most convenient route to Texas, Mexico, Cuba and Florida, at most attractive rates.

The nicest, best and safest vaccine preparation is Glycerinated Vaccine Tubes, manufactured by Parks, Davis & Co.

MAL-NUTRITION.—"I am sure the Imperial Granum Food was an efficient agent in restoring the health of a baby boy recently under my care. He was suffering from mal-nutrition with a most persistent diarrhoea. Many foods were tried and discarded, and I was beginning to lose heart, when I happened to think of the Imperial Granum. Its use proved it to be very easily assimilated, and I think it saved the baby's life."—M. D.

McCrea's ad. appears on second cover page. Read it, and call and see him. He keeps Halsey Bros.' Homeopathic remedies and a general line of drugs. Seventeenth Street, corner Champa.

Don't forget the B. and M. in traveling east or west. Runs the smoothest trains in the world. Sets the best table; furnishes the finest reading room, and, in fact, everything up to date. George W. Vallery, General Agent, 1039 Seventeenth Street, Denver.

THE CRITIQUE.

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DENVER, COLO., APRIL 15, 1899.

NO. 4.

Hahnemann Remembered.

THE one hundred and forty-fourth anniversary of the birth of Samuel Hahnemann was observed by the Denver Homeopathic Club, the Denver Homeopathic Hospital Association and their Training School for nurses, and friends of Homeopathy by appropriate exercises at the College on Monday evening, April 10, 1899. The fore part of the evening was occupied by the Club session. The only business transacted was the election of Dr. E. G. Freyermuth and Dr. Ellen M. Oviatt to membership. All other business was put one side that the time might be given to addresses appropriate to the occasion.

The first address of the evening was by DR. J. P. WILLARD;

THE LIFE OF HAHNEMANN.

We are here to-night to celebrate the anniversary of the birth of Samuel Hahnemann. We are within the walls of a building dedicated to the promulgation of the doctrine of Homeopathy and for its application to the relief of human suffering, and to discuss Homeopathy and leave the name of Hahnemann out of consideration would be like writing the history of the reformation and failing to say anything about the life and character of Luther.

Many theories bearing upon medical science have been put forward with great confidence, but like the passing breeze, they are gone, and the world is little better for their presence.

It was in 1790 that the first gleam of light flashed through the mind of the porcelain painter's son that made him one of the

great of the earth. From that divine illumination has developed a system of medicine that in the short space of time has encircled the earth and established for itself a place in the affections of mankind that calls forth their richest treasure for its promulgation.

With the chief character of this reformation I am expected to deal to-night. His father was a porcelain painter in the town of Meissen, Saxony. Poor, but respected and a gentleman of fine character. This father believed in clean and forceful thought and trained his children to think. Though educated in the Grammer school, Hahnemann received as a merited reward special instructions from the school master. A foregleam of the young mind is shown in the subject of his graduation thesis: "On the wonderful construction of the human hand." At the age of twenty he began the study of medicine at Leipsic and taught French, German and English to pay his expenses. He graduated in medicine at Erlangen in 1779 at the age of twenty-four years.

He was a good librarian. He was familiar with numismatics, with literature and the occult sciences and master of Greek, Latin, English, Italian, Hebrew, Syriac, Arabic, Spanish, German and had a smattering of Chaldaic. He settled in Dessman, where he gave attention to chemistry and married a druggist's daughter, which caused Dr. Sam J. Jones to say that the biggest Allopathic dose that Hahnemann ever took was a druggist's daughter.

In 1779 his confidence in the efficacy of medicine as then given, was fast dying out and he had about decided to abandon it. He devoted himself to translating. Amongst other works that came to him was Cullin's *Materia Medica*. While engaged on this work, and especially the article on Cinchona, he discovered the fever producing property of this agent and with this came to him a ray of light in the darkness and a dawning of a brighter day for medicine. This ray of translucent light stirred his very being; stimulated his thought. The thought lay like a spell upon him. The training "to think" of earlier years was not lost and his thinking led to experiment and experiment demonstrated a law and he modestly wrote it out.

"Any substance that relieves diseased conditions will produce similar conditions when taken in suitable quantities and for a sufficient period of time by those in health, and it is this property in drugs that makes them medicines."

He was the first of woman born, to state that proposition, and declare it a law and the experience of one hundred years has but confirmed its truth. "With this new light upon his path Hahnemann resumed the practice of medicine." Later in charge of a retreat for the insane the originality of the man shows itself. He says: "I never allow any insane person to be punished by blow or other corporal inflictions, since there can be no punishment where there is no sense of responsibility and since such patients cannot be improved, but must be rendered worse by such methods."

His teachings and practice made him popular with the masses, but aroused the hostility of the doctors and druggists, and their persecutions became oppressive resulting in frequent removals. In 1810 he gave to the world his first edition of the Organon. In 1827 he promulgated his theory of chronic diseases. In 1831 he selected in advance the remedies for cholera that have ever since been the reliance of his followers in combatting that fearful scourge.

In 1830 his wife died. Critics accuse her of a temper not angelic, but the record shows that she was a faithful and affectionate wife.

Hahnemann reaches the age of eighty. But hark! What is that commotion in the Hahnemann household? Why that oft repeated consultation in the family? Why that quiet whispering here and there, that mysterious coming and going. Ah! I have learned the secret—Hahnemann is shot—in the heart—by an arrow from cupid's bow. O, the witchery of love. O, the potency of the tender passion. Who can withstand it? Youth revels in its presence and yields in overwhelmed delight, manhood's sturdy vigor vanishes, he becomes pliable as youth. The frosts of age are thrown back and the heart susceptible of the purest emotions is warmed by the touch of the divine affection. Youth and beauty, sweetness of character and loveliness of nature

and woman's tact have laid siege to the heart of our hero and captured him. His second marriage causes him to be the subject of much gossip and the butt of many jokes. But the friends of this man will always rejoice that his last days were spent under the tender care of this woman. Now his whole life seems changed. From the quiet village he goes to the world's center of gayety, Paris, and here he joins in the dissipations of that lively metropolis. The old heart has become new, he visits the opera, entertains and is entertained, glides through the mysteries of society with an elegance and grace that brings him at once in harmony with the upper classes. He attends to the duties of a large and wealthy patronage. His wife ever careful of her aged husband allows nothing to interfere with his happiness and comfort, and having ample wealth his every want was fully gratified. Nine years of this life remained for this heroic old man, and finally "ripe in years, richly rewarded with earthly goods, loved by the afflicted and revered by the world's wisest and best, he found his exceeding great reward. And while he sat in the Vineyard, in the cool of the evening, there came to him the messenger of the Master of the Vineyard, and he arose and followed him.

Dr. Edwin Jay Clark then discussed :

THE PRINCIPLES OF HOMEOPATHY.

Homeopathy he said was the science of medicine and the art of healing. The principles of this science were described as :

1st, The law of cure, by which all physicians established a cure of disease, a law universal and eternal. The principle of that law, being the establishment of any disease similar to the natural disease to be cured.

2nd, The study or the action of remedies upon the healthy that we may know what is curative in medicine. Homeopathy being a science not an experiment, the Homeopathic physician must know the action of the remedy he is going to prescribe. Life is too valuable to experiment with. Homeopathic physician must be better educated than the Allopath, for he must know all the facts of the subordinate branches of medicine so elaborately

studied by them and in addition he must know the curative action of drugs, an unknown study to them.

3rd, He must study the patient securing an accurate picture of all disease processes, that he may know what is curable in the patient. He must understand disease, not so much what are the mysteries that underlie its entrance into the system as to learn what is curable. He must know the order of appearance of symptoms and the symptoms of his remedy that he may recognize the curative action and not spoil his case by introducing an unnecessary complicating drug disease.

4th, The use of the single remedy being an indication of the dawning of the "the knowledge of remedies and of a true system of therapeutics."

5th, The use of the minimum dose. A medicine acts more markedly curative, in small doses, the more accurately Homeopathic its selection, the more accurately its selection the greater its curative action as the dose is reduced to the degree of minuteness appropriate for a gentle remedial effect.

6th, The increase of efficacy in remedial power through the potentization of the drug as laid down by Hahnemann. Potentization not changing the genius of the remedy, but subdividing it thus raising its dynamis to a higher plane and increasing its sphere of activity. Any potency from I X up is Homeopathic.

In conclusion the doctor paid a salute to the character of the students attending the College and finished by describing the body in disease as being like an unknown country where it was necessary to have a guide. Two persons offer their services. The first one is a very learned, erudite, scientific man. He knows the soil, the river, the plants, the animals and especially the microscopic fungi of this country. He is very scientific. But when it comes to telling you how to travel across this country safely he is not in it. Such small matters are of no consequence to him compared to the question of how and why these things exist and what they are. And when you question him as to those he has guided he can graphically describe the journey and all the precautions known to science, that were taken, until he comes to that part in the history when he can aptly use the words

of the old chronicler, "Notwithstanding these precautions he died."

This other man knows much of all these facts and something of all the theories that fill the life of erudite guide. He knows the country and its dangers and how to avoid them, he has a tried and true compass whose workings are an unceasing study to him.

The first guide is our scientific erudite physician, our second is the true Homeopath, just as scientific, just as erudite in his way as the other. The first abstruse, the second practical. His compass the Organon of the Healing art whose needle Similia Similibus points him unerringly to the way of a rapid gentle and permanent restoration of the health, in the shortest, most reliable and most harmless way.

THE THEORIES OF HAHNEMANN

was the next address by DR. C. W. ENOS.

In a work published by Hahnemann after several years practice he makes the confession that his medical experience (Allopathic) had been very unsatisfactory, and admits that most of his patients would have fared better if left without any treatment at all. During this time he had bestowed the most conscientious attention on his patients and he had only "learned the delusive nature of the ordinary methods of treatment." Becoming disgusted with his profession he made up his mind to abandon the whole thing. To use his own language "I had conscientious scruples about treating unknown morbid states in my suffering fellow creatures with unknown medicines which being powerful substances may, if they be not exactly suitable, change life into death or produce new affections or chronic ailments which are often much more difficult to remove than the original disease."

With such an experience we can understand how the great heart and mind of Hahnemann was ripe for the work that confronted him. He said to himself that the universe is governed by the same divine Power that created it, and he exercises upon all animate and inanimate things a controlling influence which is

perpetually in operation, but he operates in all conditions in accordance with certain fixed and unvariable principles usually spoken of as the "laws of nature." All created objects are divided into two classes, living and dead. The living contain properties different from the dead, called vital properties, and are subject to disease and death. The vital principle in a state of health exercises an absolute sway over every organ of the body in a normal manner until by the dynamic influence of some morbid agency which is contrary to the action of life, which manifests itself by morbid signs and symptoms and is called disease. Diseases are divided into two general classes by Hahnemann, natural disease and drug disease. The drug diseases you have heard from the paper of Dr. Clark, natural disease is divided into those which are characterized by a rapid morbid process caused by a derangement of the vital force, self limited, patient either dies or gets well. The chronic disease often seems trifling and imperceptible in the beginning, yet there is a derangement of the vital force and one or more of the nerve centers are primarily affected. The disease never ending of itself, but will continue on until death occurs unless cured by the indicated remedy. A disease is not chronic because it is long, but long because it is chronic. Hahnemann after years of practice and careful investigation discovered that a disease was chronic because of a foundation existing in the patient. He made the statement that seventh-eighths of all chronic diseases existed because of Psora and that Syphilis and Sycosis were responsible for the other eighth. That is unless a person either inherited or acquired either one or all of the miasms he could not have a chronic disease.

HOMEOPATHY IN DENVER

was then presented by DR. S. S. SMYTHE.

The present auspicious condition of Homeopathy in Denver is largely due to an impulse which started in this Club, five years ago. An impulse that has never abated, but has constantly accelerated. We have much to show for our sacrifices and the future is bright with promise. The present condition is due not only to our school being united, but also to the successful appli-

cation of the law to the cure of disease by its personal representatives.

Homeopathy is unchangeable, being founded upon law. It is the oldest school of practice in existence to-day. So great and frequent have been the changes in all other schools during the century, that their followers of to-day would not tolerate for a moment the practice which was in vogue a hundred years ago. Nay, nor fifty, nor even twenty years ago.

The opponents of Homeopathy in Denver were never more determined than they are at this time, and obstacles to its progress appear at every turn. Still it goes on from one accomplishment to another. Though hampered in many ways its advancement is not stayed.

The completion of our elegant Hospital and College building with its immediate success adds much to the standing and influence of our school in this city. If rightly conducted, this influence will grow far beyond the conception of the most sanguine of its friends. To accomplish the greatest success, we have to stand squarely by the principles of Homeopathy in our teaching and in our practice. Students who enter our College, come seeking a knowledge of Homeopathy. Our duty then is clear, explicit and imperative. We must teach them first and last, Homeopathy. We must instruct them in the wisdom of the only known system of scientific therapeutics. Homeopathy is scientific because it can be demonstrated by actual experiment upon the well and the sick, and this is not true of any other system of medicine. We must also guard them against the Kaleidoscopic vagaries of the Allopathic school, and teach them to distinguish the true science of Homeopathy from the pseudo-science of other schools.

Bacteriology has been a popular fad and has had a most successful run. It has warped the judgment of some Homeopaths who were not firmly fixed in the philosophy of Homeopathy. The germ theory has done more to retard real progress in therapeutics than any of its predecessors. It has at the same time been most expensive to the municipal governments of this country.

For illustration, prior to 1881 the Arapahoe County Hos-

pital was always under the medical control of the Allopathic school. The germ theory was not then in vogue; antisepsis was not practiced. The building was poorly constructed and wholly inadequate for its purpose, always over-crowded and poorly ventilated. Sterilizing apparatus was not even thought of. Hot water was taken from tea kettle and served in the wash basin in daily use. Instruments, etc., were kept anywhere and used without any attempt at sterilization. The hands of the operator were usually washed after operations (if not before) with ordinary soap and water. In fact everything was according to the old regime and you will be surprised when I tell you that the mortality rate, under those horrid conditions, *did not exceed 14 per cent.* which was the record for 1880.

In 1881 and 1883 the Homeopaths had control under exactly the same conditions with a death rate of 8 per cent. and 6 per cent., respectively.

During the past few years this hospital has been greatly improved. New and costly buildings erected. The furnishings are modern and fully up to date. Everything to meet the demands of the germ theory has been supplied. All apparatus necessary to secure the most perfect aseptic and anti-septic conditions has been furnished without stint. Even the man behind the microscope is there. What is the result. Now you *will be surprised* when I tell you that in 1898 the mortality rate in the new and improved hospital was 14.72 per cent., the largest in its history. With a less number of patients than in 1897 the running expenses were increased about \$8,000 over the preceding year, due largely to the demands of the germ theory.

So persistently has the claim been made that the practice of antisepsis has materially reduced the mortality rate everywhere that the public mind is thoroughly imbued with the idea. Is it true? Statistics do not show it. This high mortality rate is not confined to our county hospital; a like or worse condition exists in all of the Allopathic hospitals in Denver. Neither is this state of things peculiar to Denver. Dr. T. Gaillard Thomas' report of death rate in abdominal surgery in seven large hospitals in the United States ranges from 15 per cent. up to 25 per cent.

Lawson Tait commenting on this report says : "Of this collection of statistics, I have only two things to say, that the whole thing is deplorable, and must be remedied, and that the mortality in the New York Woman's Hospital is murderous." Mr. Tait then adds : "This makes me more than ever thankful that I discovered the fallacy of this so-called antiseptic craze early in my career."

What has this to do with Homeopathy in Denver ? Everything. As a matter of right, justice and humanity the County Hospital during all these years should have been under Homeopathic control. Dr. D. A. Strickler, in his statistics gathered from 1891 and 1895 inclusive, says :

"The results in 151,259 deaths reported show, that with the same number of cases treated, the Allopathic school lost from measles 499 cases to our 100 ; from scarlet fever, 180 to our 100 ; from typhoid fever, 180 to our 100 ; from parturition 246 to our 100 ; from acute stomach and bowel troubles 195 to our 100 ; from acute respiratory diseases, 192 to our 100 ; and from all causes, 181 to our 100 ."

Have not these things something to do with Homeopathy in Denver ? Do they not point infallibly to a sacred duty on the part of every physician who has aught to do with the training of our pupils. For a hundred years, Homeopathy has always won upon its merits alone, and it must continue to do so for all time to come. It will be a crime against humanity to permit our students to become infected with Allopathic fads, which we know are "everything by starts, and nothing long."

In conclusion permit me to say that there remains much to be done, our labors are not ended. "The mill cannot grind with the waters that have passed." Homeopathy in Denver demands greater effort, more devoted loyalty, greater zeal, new sacrifices, and the same unwavering faith which has sustained us in the past, must uphold us in the future.

The Club then adjourned. After a short interval B. A. Wheeler, President of the Denver Homeopathic Hospital Association, presented Miss Flora E. King, of the Hospital Training School for Nurses, with the School Diploma and pin which she had won by

faithful attendance to duty and the completion of the course of study prescribed by the Training School. President Wheeler prefaced the presentation by remarks appropriate to the occasion. Judging from the profusion of floral tributes presented to Miss King, she must have many friends in our city.

After this, light refreshments were served under direction of a committee of the Ladies' Hospital Association, consisting of Mrs. W. A. Burr, Mrs. J. D. Nye, Mrs. J. W. Harris and Mrs. S. Hoag.

A very pleasant and enjoyable evening was passed by the forty-five members of the Club and their hundred guests present. During the evening the visitors were shown through the mysteries of the College and Hospital, an act which brings out only words of praise for Denver's best and cleanest and most attractive Hospital.

"Blood Cleaning."

I SAW this notice prominently displayed in the window of a drug shop, some days ago. It seems incredible that the odor of molasses and sulphur still clings to an advanced civilization, an age of broad and liberal education, coming down to us an inheritance from barbarous ages and furnishing strong evidence at this time, of the perversion of or the non-existence of common, ordinary, everyday horse-sense.

The druggist, the pill-peddlers or so called Proprietary Medicine people have, as a very natural consequence, having the protection of the law and the greedy connivance of the press, been permitted by carefully planned advertising schemes, to prey upon the ignorant and disease-crazed public until they themselves along with the unthinklng have come to believe or almost believe in these heathenish, murderous, senseless combinations of animal, mineral and vegetable substances in the treatment of the sick.

A large per cent. of these people know better but close their eyes to the results of their awful work, close their hearts and ears to the gasps of their victims as they know it must be when their systems—the most delicate work of God—come to the reckoning !

What possible excuse, outside the traffic, can there be for such reckless violations of the laws of common sense since even if a nostrum did happen to meet a given condition favorably in one case, it could never reach another case since cases apparently similar are widely divergent in general characteristics—this is a fixed law. Such theories were refused by even the ancient Egyptians 5000 years before the Christian Era; they used simples.

This is the stock in trade of a class of venders of nostrums, selling at from 200 to 500 per cent profit, (under the protection of our laws, mind you,) to their fellow-men and this, I say, is a very natural result because after the first steps are taken in falsehood and deception and there is appreciable pecuniary reward, with no punishment, other steps follow easily until it has come to the present shameful degree and is still going on and on writing across this age of history the scars of distortion and disgrace; to such an extent have we become emboldened in a traffic upon the blood of our fellow-men.

When an effort was made some years ago in an eastern state, to enact a law similar to the laws of some of the European countries curtailing the privileges of these people, the measure was killed before it reached the second reading, so perfect is their organization, so powerful their influence, so open their purse, so rotten our Governing Bodies. This is the curse ; A man may use what arguments he pleases, may employ alluring pictures, portray awful conditions to come, may call a simple disease a terrible and fatal malady, in tact, may falsify every law of nature to market their wares and these wares, eight times in ten, can lay claim to nothing beyond pure and simple deception. Result :—A bull in a china shop, so far as the human system is concerned, but to the vender, millions and millions annually in money profit and hence the stimulus to the violation of the most sacred law of right and justice.

No practitioner of any experience can fail to notice the results of this vicious system of *doping* every day in his work or even on the streets or in the cars or wherever he has an opportunity for observation and the curse of physicing the bowel, slushing the liver with its own secretions, narcotizing the system with morphia or coal tar, packing the liver with blood by false stimulation, paralyzing the heart by antipyretics is dwarfing the minds and bodies of our people, making pre-senility common and has, I am sorry to say, left a perfect liver and bowel to but few of our people throughout the length and breadth of our choice bit of God's domain.

A. C. STEWART, M. D.

30 Irvington Place, Denver, March 16.

Cured by Movement. Cases From Practice.

By Luther J. Ingersoll, M. D.,
Lecturer in the Denver Homeopathic College.

THE following interesting cases are reported, not because they were cured, but because they were cured by Movement alone, after other usual forms of treatment had failed.

INJURY OF THE BACK.

1. In the fall of 1894, Burris, a lad of fifteen, large, strong, and very active, while playing a game of foot ball, in the "rush" received a severe injury in the small of his back especially the spine. It soon became very painful and weak so that the slightest effort produced great suffering. For the succeeding three years he was in almost constant distress and unable to take any vigorous or prolonged exercise. He was under continual treatment by different physicians, the last before coming to me being a "noted nerve specialist," who kept him in bed three months, and finally told him he had "contusion of the spine," and that it could be cured only by having it "burned out with a hot iron." In September 1897, he came to my office for treatment.

From the time of his injury now three years, he had grown slowly worse until every movement, even of the extremities as in walking produced unpleasant sensations or real pain in his back which required hours of rest to relieve. There was a "dull hurting, sore, lameness." The sensations, nature, and history of the case, to me indicated Locomotor ataxia, or progressive paralysis. The point of injury was at the union of the Lumber and sacral regions, There was no swelling or discoloration.

The treatment throughout was by movement, mechanical and Swedish. At first and for some days it was very gentle, easy of execution and confined to the extremities, with long and absolute rest between each process. Later the hips, shoulders, and upper portion of the spine were treated. Gradually, as his strength and back improved the point of injury was approached, also the duplicate and heavier movements were employed. During the whole treatment but one aggravation occurred. For three months he was treated almost daily except Sundays. Then for several months he was treated four to eight times per month. His improvement began at once, and progressed steadily until discharged cured. He remains well, April 1899.

CHRONIC DYSENTERY.

Mrs B. aet. 50, had for many years suffered from chronic dysentery. Usually, when at her best there were two or three early morning evacuations, but during an aggravation, there were twelve to twenty and sometimes thirty in twenty-four hours. The stool consisted of slimy mucus, often mixed with blood, and undigested food. There was great and painful dyspepsia with nausea. The stomach and bowels were filled with gas. There was a constant and most painful rectal trouble of inflammation and haemorrhoids, which forced the rectum down into an almost unbearable prolapse, with constant "heat," "throbbing" and "pain," which deprived her of refreshing sleep and made her afraid to take sufficient food. The kidneys secreted but little, and that was "thick, strong, and high colored." The uterus was extremely sensitive, and prolapsed. At one time during an aggravated stool, the prolapse became complete the "uterus passing

entirely outside" which she replaced. Mrs. B. was cheerless, unsupported by nourishment, drained by frequent evacuations, racked with pains of stomach, bowels, uterus and rectum, unable to take food or find rest in sleep she was utterly exhausted. Herself and husband worn out were discouraged and almost hopeless.

Others and myself had long tried dieting, and hygienic measures, and every form of medication, but so far had failed to secure any permanent results. I now determined to employ only movement. As she was only able to sit up and to take a few steps, at a time, about her house, I visited and treated her daily by manual massage, and a few single Swedish movements. The treatment was very simple and mild for about ten days, being mostly passive, because of her great weakness. We then saw a gradual, but decided improvement. The evacuations were less frequent and less exhausting. The kidneys acted more freely. The urine was still thick and heavy, high colored, loaded with waste, dead, tissues from the cells, and lymph channels. There was less nervousness and headache, a more refreshing sleep, a sense of natural hunger appeared and relish and comfort after food. The diet was very plain, and the quantity limited. I wanted her to have a natural constant demand for food. The treatment now became more varied and vigorous. The duplicate movements, with deep kneading of the bowels, massage of the back and spine, were freely employed and enjoyed. The improvement was rapid in every part of the body; steadily the strength returned, and the recovery was complete. The rectal, uterine, kidney, bowel and stomach troubles disappeared. At the end of four months she declared herself well and remains so now about two years. For brevity I have omitted many details, both of the case and its treatment. But it is one of the most wonderful and surprising cures I have ever known. If it had been wrought by some of the old fads of ancient heathenism resurrected in our day, it would have been heralded as a miracle.

Case 3. Miss C. ae. 16, had been a pronounced invalid for some time. Before visiting me she had been for about ten months, under almost constant treatment by various physicians and for

various diseases, as there seemed to be some disagreement as to her real trouble. She had frequently been urged to go to the hospital and have an operation performed for "chronic appendicitis." She seemed large and plump. There was a general puffiness, with great pallor, except that the cheeks were red. The flesh had a dry, scaly, shiny, look. The lips, gums and tongue were white, bloodless. There was much "dizziness" on rising, and "blindness." The appetite was fickle or absent, but more thirst. The extremities were puffed and cool, palms and soles, hot and dry. There was obstinate, continual constipation, and an absence of the catamenia for several consecutive months. There was great tenderness along the colon, over the liver, stomach and bowels. The sleep was too sound, rather a stupor, except that it was disturbed by "such dreams." She had not a "particle of strength." In the fullest sense her trouble was "in nutrition."

At first her treatment consisted of mechanical massage to the extremities and a few single Swedish movements, as her strength was too limited for anything more. Her diet was plain, albuminous, no fluids while eating. She entered fully and cheerfully into the treatment. Her improvement was slow in making its appearance, but by the fifteenth day it was marked and satisfactory. Her treatment was now more vigorous and general, and kept well up with her increasing strength. At the end of one month she had so improved that her father, much against my wishes, and judgment, decided to discontinue treatment "for the present." In his kind letter to me he says, "You have done my daughter incalculable good, for which we are grateful." I hear she is yet doing well, now four months since treatment was discontinued.

Here as in all similar or chronic conditions, movement is a perfectly physiological process. It begins at once at the cause, which by elimination, it removes. It unloads the cells and allows alimentation to enter and restore the vitality.

ENURESIS—WETTING THE BED.

Case 4. A lad of seven, tall, slim and indolent, had according

to his mother "all his life" been accustomed to "wetting the bed, nightly." This had continued despite dieting and treatment. He was treated daily less than two months, by movement alone, and was perfectly cured.

Case 5. A little girl of light hair, nervous and fleshy, three and one half years old, had been "all her life unable to retain her urine, day or night, longer than about two hours." And although almost constantly treated by various methods and physicians, no lasting improvement was secured. In about one and one-half months she was cured by movement and remains so now, nearly two years.

HERNIA, (RUPTURE.)

Case 6. Mr. B. ae. 30 in general poor health for ten years, and having also a right direct inguinal hernia of four years standing was advised by his physician to "try movement." The protrusion was of usual size and form. There were strong indications of another Hernia upon the opposite side. He was treated one and one half hours daily, less than one and one half months. The truss was removed on the sixth treatment and not worn afterwards. He began to improve at once, in his general health, nutrition and strength and continued uninterruptedly to complete recovery. The protrusion, or hernia disappeared in about three weeks, and the opposite side became strong.

Case 7. Mr. R. had hernia of right side for about eight years, and of the left side three years. He had worn a truss for several years and could not "dispense with his belt" as he was obliged to lift very hard, frequently. I removed the truss on the eighth treatment, and he did not replace it. He was treated about three months, but for over a month at the last, only occasionally. He then said "he was a sound man" and remains well, having no symptoms of protrusion on either side, now one year.

I hope later to give the profession a paper upon Hernia and its treatment. I also expect to report cases of indigestion, dyspepsia, mal and non nutrition, constipation, kidney and bladder trouble, displacements and inflammations of the pelvic organs, rectal diseases, rheumatism, neuralgia, stiff joints, nervous pros-

tration, asthma, spinal diseases and curvatures, all of which have been either wholly cured by movement, or greatly benefitted, needing only a continuance of treatment to make the cure complete. The three cases of spinal curvatures which are under treatment are doing well. One considers her self cured, the other two are improving.

In the treatment of all chronic forms of disease. Movement in some or all of its many modes of administration is a safe, simple direct pleasant treatment and of universal application. It proceeds upon strictly physiological principles and is adapted to the strength or weakness, and condition of the patient.

Some Clinical Observations.

By W. A. Burr, M. D.

A CASE of *la grippe* with complication of pleuro-pneumonia, lower half of right lung being involved, was promptly relieved of the severe pain and entirely cured by the use of *bryonia* 3 x and *chelidoneum* 1 x. The characteristic symptoms of *bryonia* were first present, followed by the one prime characteristic of *chelidoneum*, pain under the lower angle of the right shoulder blade. Under this remedy the patient speedily recovered.

Mrs. W—— aged 35, recently returned from a three years' journey through China and other malarial countries arrived in Denver, pale, weak and emaciated. While in this condition she was taken with *la grappe*, which soon developed into pleuro-pneumonia of the right side. The prostration was excessive and the accompanying bilious symptoms were pronounced. *Bryonia* and *tartar emetic* were given with good results, but it was left for *chilidoneum* to work a radical change for the better. The characteristic pain under the lower angle of the right shoulder blade set in, and in a single day, under the use of *chelidoneum* 1 x the patient was well on the way to recovery. In a few weeks she was in better health than she had been for months.

She had been taking large doses of calomel and other powerful liver remedies, and had also made free use of a variety of cathartics which she had been led to believe she *must* take whenever the bowels were not well open or suffer serious consequences. But she now needs no remedies as her whole alimentary tract is in good condition.

Mr. R—, aged 53, returned to hard labor before fully recovering from an attack of *la grippe*. By mistake, at the noon hour, he took another man's dinner pail, from which he ate some fat meat that did not taste right. In a few minutes, he had nausea and vertigo with feeling of general distress in the stomach and bowels. On his way home at night he called at my office seeking medical aid. I gave him some *pulsatilla* believing his condition was due to the spoiled fat meat.

But in the morning I was summoned to his house to see him. He had passed a restless night, nausea was marked and pulse only 50. His tongue was "red, smooth and glossy," and he presented the general symptoms of gastro-entero-colitis of a mild form. The prostration and exhaustion were marked and he entertained great anxiety lest he might not get well.

Ordinary remedies gave no marked relief, and he remained about the same for two days. The appearance of the tongue being unusual I gave him *terebinth* 2 x, upon the one symptom of a "red, smooth and glossy" tongue. Improvement set in promptly which continued until he was quite well.

An elderly man of a nervo-bilious temperament was very sensitive to draughts of air. He was unable to have his hair and whiskers cut without taking cold.

A few doses of *belladonna* 3 x taken in one case when his hair was cut acted as a complete preventive of cold, and in another case speedily cured a cold which suddenly set in some hours after his hair had been cut.

In colds caused by cutting the hair, or arising from a draught of air, *belladonna* is a most valuable remedy.

Materia Medica.

By W. A. Burr, M. D.

THE following are the characteristic symptoms of a few remedies as presented by Prof. T. Bacmeister in Hahnemann Medical College, Chicago, in the winter of 1868-9. It is interesting to note that the characteristic symptoms of remedies as presented 30 years ago have stood the test of time. The medical properties of plants and drugs, when pure, do not change, and what was learned of them an age since is reliable and of practical value to-day.

The following are exact copies of pages from my note book, written down as they came from the lips of the distinguished professor :

ACONITE.

Acts on heart and arterial capillaries, and cerebro-spinal system.

Characteristic Symptoms:

1. From rising up the face turns deadly pale.
2. Headache and other pains, combined with dizziness on sitting up in bed.
3. Diarrheic stools look like spinach.
4. Urine has no sediment.
5. Dry croupy cough ; awaking in first sleep ; particularly after a cold west wind.
6. With blood spitting, comes up with easy hawking.
7. After chill, a dry cough with lancinating in chest, combined with quick breathing.
8. Augush in the heart (curprum).
9. Numbness in left arm, so that he can scarcely move the hand.
10. Heat with thirst.
11. Great fear of death.

BELLADONNA.

Acts more on venous than arrerial system, and acts deeply.

Characteristic Symptoms:

1. Fear of imaginary things ; desire to run away from them.
2. Headache better when head is thrown back, worse when thrown forward.
3. Upper lip thick and swollen.
4. Sore throat ; fauces and pharynx deep red ; tonsils swollen.
5. A feeling of a lump in the throat and sensitive to the touch.
6. Tenderness of the abdomen aggravated by the least jar.
7. Pains in the abdomen or pelvis come on suddenly and go suddenly.
8. Wants to sleep, but cannot.
9. Aggravation after 3 P. M.; and mid-night.
10. Very sensitive to draughts of air.
11. Much delirium with typhoid fever ; worse after sleep, and inclination to much dizziness.
12. Vertigo when stooping over ; falling to the left.

MERCURIUS VIVUS.

Meets morbid principle in the lymphatics ; affects organic substance deeply ; principally lymphatic glands and vessels.

Characteristic Symptoms:

1. Eyelids swollen, scaly and ulcerous.
2. Twitching of the lids.
3. Moist tongue with violent thirst.
4. Inflammation of cæcum.
5. Flat painless ulcers, covered with a phlegm-like pus.
6. Anxiety ; red tongue with dark spots and salty taste in mouth during menstruation.
7. Leucorrhea is worse at night and discharge is corroding.
8. General or partial trembling.
9. Chilliness which heat does not warm.

10. Round, yellow, coppery spots.
11. Cold night sweats.
12. Dry eruption smarting and bleeding when scratched.
13. Pimply eruption on face with bluish-red halo.

Differs from *belladonna* mainly in amelioration and aggravation.

BRYONIA ALBA.

Does *not* act deep; does not act on voluntary muscles. Does act on serous membranes, pains are wandering and worse from motion.

Characteristic Symptoms:

1. Mind is very irritable; inclined to get angry followed by chilliness.
2. Sinking sensation in head as if sinking a long way down.
3. Dry mouth, tongue and throat without thirst.
4. Taste bitter.
5. Diarrhea in the morning.
6. Cough worse on coming from cold to warm.
7. Pain in side relieved by pressure.
8. Lies on sore side.
9. Parts feel sore after pressure of pain for a while.
10. Nausea when rising up in bed.

BEWARE OF HEADACHE POWDERS.—A young man recently died in London from using headache powders containing anti-febrin. Many cases of poisoning from the injudicious use of this remedy have come to light. The patient usually complains of giddiness, noises in the ears, throbbing in the temples, and a dull heavy pain in the head. The face becomes livid, the lips are blue, and the pupils contracted. This is followed by collapse. The face and extremities are cyanosed, the face is covered with cold, clammy perspiration, the pulse is feeble, and respiration becomes shallow and frequent. There is a considerable demand for headache powders, and the harm that follows their use should not be underestimated.—*British Medical Journal*.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

W. A. BURR, M. D., Associate Editor. J. WYLIE ANDERSON, M. D., Business Manager.

All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 408 California Building, Denver, Colorado.

All business communications should be addressed to Dr. J. Wylie Anderson, 16 Steele Block, Denver, Colorado.

Fifth Annual Commencement of the Denver Homeopathic College.

APRIL 14 witnessed the close of another successful school year and the following programme very fittingly marked the event.

Prayer—C. M. Cobern, D. D.

Overture.....“Orpheus”.....(Offenbach)
Des Fosses Orchestra.

Address.....Benjamin F. Bailey, M. D.
President of the American Institute of Homeopathy.

Waltz.....“Reminiscences”.....(Rosey)
Des Fosses Orchestra.

Report of the Registrar,
David A. Strickler, M. D.

Presentation of Candidates for Graduation,
By S. S. Smythe, M. D., Dean.

Conferring of Degrees,
By B. A. Wheeler, M. D., President.

America.....National Melodies
Des Fosses Orchestra.

Announcements and Presentations

Selections“Serenade”.....(Herbert)
Des Fosses Orchestra.

GRADUATES—THE CLASS OF 1899.

Frona Abbott

Margaret Hofer Beeler

James Butcher Brown

William Sherman Connell

THE CRITIQUE.

Rollin Stephen Gregory
Clinton E. Thompson

POST GRADUATES.

Fredrick C. Strong, M. D.
Otto L. Vinland, M. D.

The presence of Dr. Benj. F. Bailey at the graduating exercises was an honor highly appreciated by the faculty and friends of the College. Dr. Bailey's address on "Evolution in Medicine" was a masterly and erudite presentation of the subject. For nearly an hour a large audience listened most attentively to the speaker's interesting and eloquent discussion of Homeopathy, past, present and future.

We regret that the length of President Bailey's address precludes its reproduction in *THE CRITIQUE*'s limited space, but we wish it might be read by every Homeopathic physician in the country. Dr. Bailey has the courage of his convictions. He stands squarely by Homeopathy and all that it implies. He has reasons for his faith, and knows how to tell them in the most effective way. As president of The American Institute of Homeopathy he stands as the representative of our school and as such he does us honor on all occasions. His zeal for Homeopathy and for the Institute is most commendable and affords the greatest satisfaction to the friends who were instrumental in elevating him to his present important position. His untiring efforts for the advancement of the Institute are sure to bear abundant fruit and the near future will amply demonstrate his entire fitness for the work he has in hand.

THE REGISTRAR'S REPORT.

Following Dr. Bailey's address came the report of the Registrar, Dr. David A. Strickler, which we give in full:
Mr. President, Ladies and Gentlemen:

The Homeopathic College to-night holds its Fifth Annual Commencement under the most happy conditions.

The College and Hospital are so intimately associated in purpose and management that it is difficult to speak of one with-

out the other. As the Hospital is used in connection with the College for the better education of the student, and as they have been so associated from their inception, it seems proper that a report should include something of each.

The Denver Homeopathic College and Hospital Association came into existence in 1894. At that time it was practically without funds. The College and Hospital were in separate buildings rented for the purpose.

By patient and persistent efforts, together with much sacrifice in time, service and money on the part of members of the association and their friends, we now have, built within the past year, a home of our own; a College and Hospital Building which we think a model; modern in its appointments; beautiful in its every part; located in a most desirable residence portion of the city; surrounded by open space giving fresh air and unobstructed views from every room in the Hospital, as those of you who have been through the new building on the corner of Park Avenue and Hunboldt street can testify.

We take this opportunity to invite those of you who have not yet inspected the College and Hospital to visit them at your earliest opportunity and see for yourselves how nearly perfect a home for the sick and how well the College rooms are adapted to their purpose.

You may have seen larger hospitals, but we question your having seen any better suited to the needs of the sick.

Our quarters are adequate for our present needs. Our history justifies the belief that with increasing needs will come increased facilities and accommodations.

The growth of the College has been steady and material. It first opened its doors in October, 1894, with twenty-six students matriculated; its second term opened with thirty-two students; its third with thirty-seven; its fourth with forty-three; its fifth and last with fifty matriculants. We congratulate ourselves that our growth has been substantial along all lines that go to make a successful institution; that we fill a real need; that the history of the first five years of the College proves the wisdom of its founders.

The policy of the College is to receive no student who has not been fitted by previous study to do good work. To this end a diploma from a good High School, or its equivalent is required for entrance. The course of instruction extends over a period of four years.

The three features which we aim to make distinctive in the College are :

1st. Teaching as far as possible by assigned lessons and recitations.

2nd. Monthly examinations.

3rd. Clinical instruction.

By **ASSIGNED LESSONS** we do away with the laborious note taking and permit the student to make the best possible use of his time during recitations, while the teacher is allowed free scope for originality and individuality. This course has proven itself most efficient in the best literary colleges and is being more and more fully adopted by all teachers of medicine who have tried both methods. The paucity of suitable text books in some branches has interfered with its full adoption by all of our professors.

By **MONTHLY EXAMINATIONS** we encourage more uniform study throughout the college term, and are enabled to keep close track of the work done by the individual students. Any student having a monthly average of 80 per cent. or over on any subject is excused from final examination on the same, at the end of the term. This plan has proven itself satisfactory alike to student and professor. It encourages steady application and obviates the necessity of excessive study or "cramming" for examination at the end of the term.

By **CLINICAL INSTRUCTION** we aim to teach disease by practical illustration on the sick. For this purpose a portion of each day is set aside for the treatment of the worthy poor at the College rooms, when methods of examination, diagnosis and treatment are explained and illustrated to the students. Charity patients in the Hospital are used for bedside teaching. The outlook for even better facilities for bedside teaching for next year is good.

As a result of the character of students accepted, the methods adopted in teaching, and the facilities for practical demonstrations, we believe that we to-night bestow the degree upon young men and women who have a practical, as well as theoretical knowledge of disease and its treatment.

We, furthermore, believe that these young men and women are, in every sense, worthy of the confidence and respect of the various communities in which they may make their abode.

The faculty, therefore, Mr. President, takes pleasure in recommending them to the Board of Directors for the degree of Doctor of Medicine.

CONFERRING THE DEGREE.

Dr. B. A. Wheeler, president of the Board of Directors, in conferring the degree of Doctor of Medicine said :

After four years of toilsome ascent along many rugged paths, to-night you stand upon the brow of a high mesa. Behind lies the valley of your infancy, childhood and early youth. In its depths memory reveals many lakes, rivulets and larger streams, glistening in the sunlight like gems and silver cords in darker settings of emerald green. May its sheen never grow less, but to the valley you may never return, your future home is on the highlands.

On the plain before you stands the noble temple of medicine. Its hospitable confines have ample room and invite you to enter. Before opening wide its portals for you, it may be well to remind and advise you that within are many noble halls and capacious apartments. It is finitely like that infinite palace of which it is said : "In my Father's house are many mansions. If it were not so I would have told you."

Each home herein is provided with a garden plot, or surrounded by expanding fields inviting cultivation. If you neglect to water them with an ample supply from intellectual fountains, they surely will remain parched and arid deserts. If you abundantly irrigate and fail to weed out the wild natural growths of selfishness with a heartfelt care for the best interests of others, then your field will become a tangled jungle and your garden a

maze of thorns. If you elect to water and tend with prudence, they will yield an abundant fruitage and fill the air with never failing fragrance of rarest blossoms and grateful foliage.

Let your professional home be a center of all your thought and affection. In discharging your full duty here, you render to society and mankind the fullest measure of a patriot's devotion.

Let your motto be that of the immortal Hahnemann in the opening paragraph of that text book of Homeopathy, the Organon, which says: "The first duty of the physician is to restore health to the sick. This is the true art of healing."

Business or politics will some time tempt you to depart from the narrower professional path. Be not deceived. Success in either of them means sure failure in a large usefulness and will result in a dwarfed personal development.

The close relationship of pupil and teacher, which is now about to be broken, has begotten a personal interest by every member of this faculty in the welfare of each one of you. The bonds thus created will not be broken, however widely we may be separated. Our thoughts and best wishes will follow you to your various fields of labor. Your successes will rejoice us more than words can express.

It now remains for me to obey the last command of this College in your behalf.

The faculty of the Denver Homeopathic College has unanimously recommended you to the Board of Directors for the degree of Doctor of Medicine. Under their direction and by virtue of the authority of the State of Colorado vested in me, as President of the Association, I now confer upon each of you the degree of Doctor of Medicine, whereof these diplomas do testify.

POST GRADUATES.

The president gave certificates to Fredrick C. Strong, M. D. and Otto S. Vinland, M. D. for successful post graduate work during the last College year.

PRIZES.

The following prizes were awarded to members of the graduating class:

To Dr. Margaret H. Beeler, for highest general average in all branches, a handsome nickel mounted medicine case, from the Lauth Instrument Co., of Denver.

To Dr. Frona Abbott, for second best general average, a valuable hand case, from F. Steinhaur, pharmacist, 15th street, Denver.

To Dr. James B. Brown, for highest percentage in obstetrics, a black leather obstetric bag, from The J. Durbin Surgical Instrument Co., Denver.

To Dr. Margaret H. Beeler, for highest percentage in surgery, a fine pocket instrument case from The Durbin Surgical Instrument Co.

PRESENTED TO THE COLLEGE.

Dr. William Sherman Connett, on behalf of the class of '99 presented to the College a handsomely framed grouped photographic picture of the class as they appeared in caps and gowns. The president happily responded to this unique gift.

A BUST OF HAHNEMANN.

Dr. Luther J. Ingersoll then presented to the College a splendid bronze bust of Samuel Hahnemann, in the following eloquent words :

"Were it not for progressive men human existence would continue upon the same low level.

Great minds break up the history of the world into epochs. These epochs, these intellectual upheavals, are the laborious steps by which the race moves upward, and, above the malaria of ignorance and superstition, plants itself upon a higher plain, beneath a clear, warmer sky. It is mind that makes the epoch ; that gives to it form, direction, and power.

Every department of human advancement ; whether of art or science ; theology, literature, law or medicine, agriculture or mechanics, has had its epochs which like great tidal waves have carried the masses onward to a better life and destiny. The world has had but one great medical epoch.

On the 10th day of April 1755 was born one with great mental endowments, whose special mission was to inaugurate that grand era, when the practice of medicine became an exact science.

I have the honor to unveil before you the bust of that most illustrious man and benefactor.

In the expression of that face; in the form and girth of that head: in that broad, massive brow and crown; and in those rigid features, you diagnose the existence within of an uncommon brain; a brain of the very best quality, and of great magnitude; a brain designed by its creator to think for itself; to discover and to weigh evidence; to discriminate between cause and effect; and to arrive at correct and scientific conclusions. Everything here indicates great mental force; intellectual and moral balance; clear reason, a sound judgment; nobleness of purpose and purity of character. These qualities enabled their possessor to examine and to trace the laws of nature with a directness, a precision, and power seldom equaled. His erudition was profound. He spoke fluently in six languages. As a chemist and as an original investigator of the effects of poisons, upon the human, in health and in disease, he was far in advance of his colleagues and of the medical profession, of his day.

In 1792, he published, the only law of cure this world has ever known, "Similia Similibus curantur."

When for many years he had proved and reproved that this was nature's law of cure, and that, therefore, there could be no other law, he felt that he had received a "Divine Revelation" and was humble. He might justly have exclaimed "My God, I have discovered Thy thoughts after Thee."

The announcement of that law of healing aroused medical men. It was the birth day of "scientific medicine." From that day, Homeopathy became the "science of Therapeutics," and the average of human life began to lengthen.

We do well to keep close to the law of similia expounded by this great and good man; remembering, that the more Homeopathy we teach and practice at the bedside of the sick, the more lives we prolong and the more suffering we relieve.

This benefactor of his race has passed on into his exceeding great reward. Could he from his lofty habitation, behold the ever increasing and happy multitude of his devoted followers, his great heart must thrill with joy forever.

Because I love Homeopathy, and its immortal founder I take pleasure in the name of myself and family in presenting to the Denver Homeopathic Hospital and College this bust of Samuel Hahnemann; The Martin Luther of modern medicine.

THE ALUMNI BANQUET.

Immediately following the graduating exercises came the Alumni banquet at the New St. James Hotel. This was the initial banquet of the Alumni Association and turned out a splendid success in every respect. Following was the programme provided for this occasion :

Toastmaster, Dr. J. W. Mastin

Welcome to the Class..... Prof. J. W. Harris

For the Class..... Dr. James Butcher Brown

Music

American Institute of Homeopathy.... Benjamin F. Bailey, M. D

For the Alumni..... Dr. Pearl B. Wheeler

The Physician and Medical Clubs,..... Genevieve Tucker, M. D.

Homeopathy in the Missouri Valley.... D. A. Foote, M. D.

Music

Class History and Prophecy..... Dr. Frona Abbott

The toast master was in cheery mood ; the speakers were every one in happy vein and every speech was pronounced a gem by the delighted guests. We cannot individualize more than to say that Dr. John W. Harris's welcome to the class was one of his best efforts. Dr. James B. Brown's response for the class was received with marked approval and applause.

Dr. Benj. F. Bailey made a most eloquent plea for The American Institute of Homeopathy and clearly showed the advantage accruing to every young physician who joins the Institute early in his career.

Dr. Pearl Wheeler for the Alumni spoke in a manner well calculated to make every Alumnus of the Denver College proud of the association.

Dr. Genevieve Tucker, president of the State society, made one of her very best speeches. It was timely, witty, truthful and eminently appropriate for the occasion. She received many congratulations.

Then came the "Class History and Prophecy" by Dr. Frona Abbott and was indeed a fitting conclusion to a most delightful

evening. We cannot think of telling what she said, but the verdict was unanimous that it was one of the best productions that ever emanated from a class historian.

All regretted that Dr. D. A. Foote, of Omaha, could not be with us and speak to the toast "Homeopathy in the Missouri Valley," but he will be with us next year.

The banquet room was beautifully decorated; the menu was excellent and fully up to the St. James standard—the best of everything.

It was not much after 2 a. m. when the merry banqueters said their farewells and bade God speed to the Class of '99.

THE NECESSITY FOR EARLIER OPERATION IN CANCER OF THE UTERUS.—By A. L. SMITH, M. D. (*Vermont Med. Monthly.*)

The writer calls attention to the low mortality attending vaginal hysterectomy, being only two or three per cent. at the present time, owing to improved technique, and believes that that fact should be an incentive to us, to be on our guard for cancer of the uterus, to detect it while it is yet limited to the uterus, when it may be removed with so little risk. He thinks there is a great future in store for vaginal hysterectomy for cancer, but realizes that it will not come until there has been a radical change in the matter of earlier diagnosis and earlier operation. Judging from his own experience he strongly urges as a guiding principle to remove the uterus whenever it presents any suspicion of cancer. If we wait until the diagnosis can be confirmed it may be too late.

During the last few years the best authorities have agreed that all tumors of the breast, even benign ones, should be removed as soon as discovered, as, if they should be left alone until they can be proved malignant, it is too late to interfere with much hope of ultimate success. The same stand should be taken with regard to cancer of the uterus as has been taken in cases of tumors of the breast. The writer is convinced that if every severe laceration of the cervix were repaired cancer of the cervix would become a very rare disease.

Notes and Personals.

A Crematory is soon to be placed in Fairmount cemetery. Denver.

Dr. W. C. Kneeland has removed from Denver to Niagara Falls, N. Y. where he continues in practice.

Dr. F. Steinhauer, who carries a full line of Homeopathic medicines, has removed from Larimer street to the Charles Block, 15th street, corner of Curtis street.

Otis, Clapp & Son generously donated a copy of the American Institute Pharmacopeia to the Denver Homeopathic College for the student's reference library.

From January 1 to March 24 there were in the city of Philadelphia 4,880 cases of typhoid fever, and 490 deaths, a mortality rate of more than ten per cent. The scourge is said to be due to impure drinking water.

Boericke & Tafel, Philadelphia, kindly donated a copy of the American Homeopathic Pharmacopeia for the student's reference library in the study room of The Denver Homeopathic College.

It would seem that gout is no new disease. John Reid Shannon S. T. D., now traveling in Egypt, in examining the mummy of the museum at Gizeh, Egypt, observed a decided enlargement of the joints, and in a recent contribution to *The Rocky Mountain Christian Advocate* makes this observation: "The swollen joints of the fingers indicate that the old tyrant was affected with the gout."

Prof. R. W. Wood, of Madison, Wis. has succeed in successfully photographing the waves of sound in air. The waves photographed were those produced by the crack of an electric spark, and were photographed by the light of another electric spark one ten thousandth of a second after the sound waves began. The wave is said to have appeared as a "thin circle of shadow with a light border."

The Denver Homeopathic College and Hospital are now nicely housed in a new building beautifully situated. The College occupying the lower floor and basement; the hospital, the second and third floors with accomodations for forty patients. This is

the result of the concerted action of a harmonious profession. All honor to the homeopathists of Denver.—*Minneapolis Homeopathic Magazine.*

Dr. Sue A. White, of Utica, N. Y. died March 20, after a short illness. Dr. White was the daughter of Hon. N. A. White and was one of the leading Homeopathic physicians of Utica. She was one of the founders of the Utica Homeopathic hospital and for many years served upon its staff. Her sister Mrs. Henry Roberts is well and favorably known in Denver, and her nephews, J. Fred Roberts and Charles W. Roberts are among the popular young business men of this city.

Dr. Charles E. Fisher, Editor of the *Medical Century*, has been some months in Havana, trying to recover his health. From a recent personal letter we gather that he is slowly working back towards health. This will be welcome news to his host of friends throughout the United States. Dr. Fisher has recently written some very newsy letters for the *Chicago Record*, describing medical and sanitary conditions in Cuba, Havana hospitals, etc., etc. which we have read with especial interest.

College and Hospital.

Dr. Margaret H. Beeler, who was recently elected Intern to the Homeopathic Hospital has entered upon her duties. Dr. Beeler is well qualified for the position and will give excellent service.

Dr. Rollin S. Gregory, '99, will go to Boise City, Idaho. We predict for him a most successful career, and can cheerfully recommend him to any community in which he may cast his lot.

Dr. Frona Abbott, '99, has already entered upon active practice in Denver. The ink was scarcely dry upon her diploma before professional cares began to crowd upon her. Abbott will make her mark. Watch the prediction.

Dr. James B. Brown, '99, will locate in Denver. His host of friends in the city will not forget him. His four years of earnest work in the College have prepared him for any kind of professional service he may undertake.

Dr. William S. Connett has not yet decided upon his future home. We wish him good fortune wherever he may go. He has the ability to do and to please, and these important traits invariably lead the way to successful practice.

Dr. Clinton E. Thompson expects to remain in Denver, where he has long resided, and where he has a large circle of friends and acquaintances.

The work in the hospital these days is largely surgical. The bright, new building, the handsome rooms and the elegant operating room seem to have great attractions for the doctors in and out of the city.

Dr. Allen of Colorado Springs has a patient in the hospital upon whom he did a most difficult operation for vesico-vaginal fistula, which promises to be successful after repeated failures at the hands of eastern surgeons.

The Denver hospital opens its doors to all physicians, of whatever school, and solicits their patronage. No pains will be spared to make both patient and doctor feel at home in this institution and the very best of nursing and attention is assured to all.

A complete X ray plant is a part of the hospital equipment and Mr. Roosevelt, an accomplished electrician and photographer, is prepared to give the profession satisfactory service in X ray work on the shortest notice.

The County Commissioners are completing the details for a clinical staff, from the College faculty, to serve in the County hospital. This will add greatly to the clinical advantages of our College and will prove attractive to the students. The commissioners have shown themselves liberal, broad-minded men and they express a determination to deal fairly with all the medical schools in Denver. This is most commendable and they deserve, and will receive the approbation of all public spirited citizens.

The new advisory board for the County Hospital, recently appointed by the County Commissioners, consists of Doctors Kinley, Eskridge and McLaughlin, none of whom are connected with the Medical Colleges. This is a new departure which, it is hoped, will prove satisfactory to all concerned.

When you go down to Atlantic City, remember the words of the queer old ditty:

"Mother may I go out to swim?
Yes, my darling daughter,
Hang your clothes on a hickory limb,
But don't go near the water."

Books Reviews.

DISEASES OF THE EAR, NOSE, AND THROAT AND THEIR ACCESSORY CAVITIES.—By Seth Scott Bishop, M. D., D. C. L., LL. D. Professor of Diseases of the nose, throat, and ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital, one of the Editors of the *Laryngoscope*, etc. Second Edition. Thoroughly Revised and Enlarged. Illustrated with Ninety-four Chromo-Lithographs and Two Hundred and Fifteen Half-tone and Photo-engravings. $6\frac{1}{2} \times 9\frac{1}{2}$ inches. Pages xix-554. Extra Cloth, \$4.00 net; Sheep or Half-Russia, \$5.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

In presenting the second edition the author has added two new chapters, one on "Related Diseases of the Eye and Nose," the other on "Life Insurance Affected by Diseases of the Ear, Nose and Throat." There is also an addition of new matter to the extent of 25 per centum of the original.

It is a pleasure to speak well of a book which so wholly meets our approval as does this one.

The author is a clear and forceful writer. He covers the field in a practical and interesting manner. While thoroughly up to date he is not dogmatic, but gives both sides of questions in controversy, notably antitoxin diphtheria, allowing the reader to draw his own conclusions.

The work is fully illustrated which adds much to its value.

We cordially recommend it to all, but especially to the medical student, and to the general physician who, at a comparatively small outlay of time and money, wishes to keep abreast the times on the subjects treated.

D. A. S.

A TEXT-BOOK ON PRACTICAL OBSTETRICS.—By Egbert H. Grandin, M. D., Gynæcologist to the Columbus Hospital; Consulting Gynæcologist to the French Hospital; late Consulting Obstetrician and Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynæcological Society, etc. With the Collaboration of George W. Jarman, M. D., Gynæcologist to the Cancer Hospital; Instructor in Gynæcology in the Medical Department of the Columbia University; late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynæcological Society, etc. Second Edition. Revised and Enlarged. Illustrated with Sixty-four Full-page Photographic Plates and Eighty-six Illustrations in the Text. $6\frac{1}{2} \times 9\frac{1}{2}$ inches. Pages xiv-461. Extra Cloth, \$4.00 net; Sheep,

\$4.75 net. The F. A. Davis Co., Publishers, 1914--16 Cherry St., Philadelphia.

One cannot do otherwise than speak flatteringly of this book which is so clearly and graphically written as to bring the subject within the grasp of the most obtuse reader. It is divided into four parts: Pregnancy; labor; The purperal state; Obstetric surgery, and each part covers the ground so completely as to leave little to be desired. The illustrations are superb and add very much to the value of the work. Altogether the book is an excellent guide to practice, and the student will find it a reliable help in the acquisition of obstetric knowledge. It is modern, practical and free from those theoretical refinements which are so objectionable in many works on obstetrics.

Among the Journals.

THE HOMEOPATHIC RECORDER.

The following pointed sayings appear in this article:
"Broadening Out." Looking far backward in his (Hahnemann's) "psora theory" you will find displayed the whole germ theory of to-day. No microscope had yet revealed these germs.

Homeopathic physicians are notoriously the book buyers and instrument buyers of the whole medical profession. There are more perfectly appointed Homeopathic offices and private hospitals in this city than of any other school of practice, and far better and more extensive private medical libraries. When you go into a new place, keep it up; it will do you good and it will count.

A young doctor, in a bright and growing community, loses nothing by being a church-goer, but for goodness sake do not try that called-out-suddenly-to-an-important-case racket, for it won't work; the newspapers have put everybody onto that scheme long ago. Better avoid even the suspicion of it.

There is no occasion to speak of habits of intoxication at this late day; a drunken doctor is a louse on the head of the community, a source of irritation and disgust, and should be poisoned off or cracked at once (as he usually will be), but indecency with female patients is a crime like leprosy—there should be no refuge for such a physician on this earth, and every hand (and foot) should be turned against him.

NORTH AMERICAN JOURNAL OF HOMEOPATHY.

Fracture of the Skull The gratifying results now known to follow *early* surgical interference in all cases of fracture of the skull prove conclusively that the operative treatment in these cases should not be postponed until symptoms indicative of pressure appear. All fractures, "depressed or fissured," whether of the "vault" or "base" are suitable cases for *immediate* operation.

Early trephining is the only real rational treatment, preventing, in many instances, further injury to nerve and brain matter. Many cases of depressed fractures and even fractures accompanied with an extravasation of blood, either extradural or beneath the meninges, undoubtedly recovered without operation.

When reported cures are made, however, the cases not operated are watched during a short period only, and the so-called recoveries are based merely on the fact that the cases did not die immediately as the result of the traumatism.

Trephining is performed as many times to prevent the developing of disease following fracture as it is to repair damaged structures.

It is not an uncommon experience to find many or all of the so-called classical symptoms of fracture of the skull absent in recent cases of fracture. These patients many times are conscious when first seen; the scalp may not be cut or bruised; the pupils may be equal; bleeding from the nose and ears may be absent. These cases may be elevated and draining afforded. Why wait until symptoms of an alarming nature develop and then expect that operative measures are going to accomplish what might have been prevented by early operation.

It is pleasing to note that this view now taken by most surgeons and all recent cases of fracture of the skull, whether presenting symptoms of pressure or not, are operated.

The Chemist of the State department of Agriculture **Impure Foods** of the State of New York recently analyzed some ordinary food-stuffs found in the markets to be sold for general use.

One series of analysis showed counterfeit coffee-beans made of dough, pressed, dried and colored to represent the real coffee-bean. In the ground coffees were found ground pea hulls and numerous other substances.

Plaster of Paris, talc, and white clay were found mixed in with flour. Tomato catsup was found that had no tomato in it. It was composed of acid and pumpkin. Paraffine was found in butter.

The result of these investigations has been the introduction into the State Senate of a bill for the appropriation of ten thousand dollars for the appointment of special chemists for the examination of all food-stuff's with a view to further legislation.

The facts so far uncovered show that there is pressing need for some regulation for the production of pure foods. No wonder Americans are dyspeptic! How could they be otherwise if they have to deal three times a day with such food as adulteration gives?

NEW COLLEGE AND HOSPITAL.—On January 19, 1899, **Complimentary**, the new college and hospital building of the Denver Homeopathic College and Hospital was completed and thrown open to public inspection. This fine result is very gratifying to those who have labored for the College and believed in its ultimate success. Denver is a great city and there is no reason why the Denver Homeopathic College should not become one of the great institutions of the town.

Publishers' Notes.

IN CHOLERA INFANTUM.—The Imperial Granum Food has proved of priceless value being often the only nutriment found suitable and capable of being retained. Thousands of lives have apparently been saved by its use, and it has seemed to possess not only nutritive but medicinal value, so immediately soothing and quieting was its effect. This shows the vital importance of such a rnutriment, one that is pure, natural and unsweetened, and that can be easily and quickly assimilated, even when the digestive powers are impaired by disease.

"I had a case of caries of the metatarsus and phalanges of the left side of the left foot of a man 89 years old. The progress of the disease was very obstinate, going on to the commencement of gangrene in spite of the best of nursing and efforts of treatment. Counsel was called to consider the advisability of amputation; but our conclusion was that the patient was too old and feeble to undergo that procedure. I then determined on a trial of blood treatment, using bovine as an external application and also internally. There seemed to be a change for the better in a very

short time, and after extracting a portion of the phalanges of the little toe, the improvement went on steadily to a complete recovery. The man is now 91 and has to further trouble with the foot, and can wear any shoe that he likes."

"In 1897, I had a case of a boy of fifteen with the worst form of scrotal abscess, bordering on gangrene, from an injury. I have attended a large number of similar cases during my thirty years of practice but this was the most difficult to treat of them all. The best results were obtained from the topical application of the bovine blood. CHARLES VISHNO, M. D., 361 Orange Street, New Haven, Conn."

Dr. Givens' Sanitarium, Stamford Hall, Stamford, Conn., treats all kinds of Mental and Nervous diseases and habitues of opium, chloral, cocaine and alcohol. Besides a large Sanitarium, he has numerous cottages fitted up with all modern improvements.

For all kinds of inflammation of urinary organs, acute or chronic, injections of Hydrozone diluted with water (according to the degree of sensitiveness of the patient) will cure the most obstinate case. Try it. Manufactured by Chas. Marchand.

F. Steinhaur has removed to the Charles Block, corner Fifteenth and Curtis Sts. When in need of Homeopathic medicines remember that a full line of Boericke and Tafel's goods are kept by this house.

We wish to call your attention to Parke-Davis & Co's ad in this issue, it will tell you all about the proper way and the material to use in vaccination.

The J. Durbin Surgical and Dental Supply Co., 1508 Curtis Street, keep everything needed by the physician or surgeon, also manufacture Silk Elastic Stockings, Abdominal Belts, Knee Caps, and all forms of Elastic Hosiery.

Halsey Bros. Co. Homeopathic Supplies are kept by H. F. McCreas, Druggist, cor. 17th and Champa Streets, Denver, Colo.

Panopepton is the finest preparation on the market as an aid to digestion, agreeable and pleasant to take. Try it. Manufactured by Fairchild Bros & Foster, New York.

THE CRITIQUE.

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NO. 5.

Objective Symptoms in Infantile Diseases.

By O. S. Vinland, M. D., Clinical Instructor in Obstetrics
in the Denver Homeopathic College.

ALL symptoms of disease are divided into two general classes, the subjective and the objective. As the former includes the patient's own description of his condition, the symptoms of that class can be elicited from only those possessing the power of speech.

To the latter belong those symptoms which the physician, or other attendant, observes, and they can be observed in all persons.

In infantile diseases the diagnostician must depend on objective symptoms entirely, which fact makes the diagnosis comparatively difficult.

Therefore, it is essential that he who shall attend infants in their diseases shall be a close observer. He should have a keen perception in order to take cognizance of everything about the patient, from the various tints of the complexion to the least twitching of a muscle. He should be able to interpret every form of a cry and every variety of a cough. His sense of touch must be well experienced, that he shall notice variations in surface heat, moisture, and dryness; to ascertain the compressibility of that little index, the pulse; and the excitability of the nervous system. Examination should always be conducted with a view to ascertaining everything that can be learned by careful inspection, often of the naked child.

In studying a remedy we try to remember some character-

istic indications, which we call keynotes to the remedy. We have characteristic symptoms also, which we may call keynotes to the disease. It is to some of these keynotes I wish to call attention. These symptoms are all familiar to those belonging to the medical profession. However, a little review may call forth some ideas that have been dormant for a time.

When entering the room where the infant is kept, and you find him asleep, proceed at once with your observation. Notice the color and expression of the face, the position of the extremities, the respiration, the pulse, etc. Then awaken him and complete the examination. Do not let the mother or nurse mislead you in the diagnosis. Suggestions of probable symptoms of the history should, however, receive due attention.

The physician's first attention to the infant may be called by the old neighbor woman who acts as nurse to the mother, and who, occasionally looking after the child, has noticed that it became so pale. The attending physician cannot deny that an unusual pallor exists. He sits down to write a history of hereditary predisposition to anemia; or, probably, he is aware of the fact that this infant was a little premature, and its heart, on that account, being very small, is unable to force the blood to the surface; or, he may notice a cephalhematoma, which robs the surface of blood. But he forgets to look for one important little thing, umbilical bleeding.

If the anemia be persistent and pernicious in character, we must look for atrophy of the peptic glands, prolonged icterus, entozoa, intestinal stricture and other disorders.

You are called to see another infant. His face is flushed, shining, red cheeks, heaviness, with a languid expression of the eyes. Here you suspect fever, and therefore the pulse and temperature should receive due attention. But, very often we find that the child has terribly red shining cheeks, fever and restlessness, simply from some indigestible article of food. If the pulse beat be at the rate of from 140 during the first week after birth down to 120 to the sixth month, allowing for 10 to 20 beats more for the girl, it does not necessarily indicate danger, for it is normal. During sleep it should be a little less. The significance of

the pulse in children applies more to character than to rapidity. If there be fever present the pulse will be quick, hard, and forcible. Exceptionally it is rapid and compressible. In scarlet fever it is usually rapid in the initial stage, but this rapidity does not especially denote proportionate seriousness. In many other diseases, not ordinarily showing a rapid pulse, greatly increased activity of the heart possesses unusual significance. The clinical thermometer will also be of value to determine the nature of the fever present. In diphtheria the temperature is low in proportion to the prostration. In scarlet fever it is high. In the two diseases, variola and cerebro-spinal fever, we have a rise of temperature up to 107 or 108 just before death.

When you find an infant with puffiness of the eyelids and a waxy skin, look for renal disorders. Confirm the diagnosis by making a urinalysis.

An unusual brightness of the eyes, delicate features with soft, white skin, and fine, silky hair, suggest tuberculosis.

In some instances our attention will be called to the fact that the child takes the breast or sucks the bottle with great difficulty. The young inexperienced mother becomes alarmed, for she thinks her firstborn is doomed to die. In such instances we should look for a cleft palate, or, more simply, for tongue-tie.

Abdominal symptoms reflect themselves, also, upon the face of the child in the expression of much pain and suffering. It is more noticeable on the lower part of the face, about the mouth and alae nasi. The mouth is drawn and the face pinched, giving a "downward" expression. The complexion is muddy-looking, and the upper lip whitish or bluish. This blueness of the upper lip in early life is a common sign of laborious digestion. The nasal line is a constant feature of abdominal mischief and is never absent in cases of gastro-intestinal derangements. It is a line which arises at the upper part of the alæ of the nose and passes downward, curling around the corner of the mouth. Furthermore, the child rests with the legs fixed upon the abdomen. The hands are kept above the diaphragm, usually above the head or about the chest. These symptoms should suggest, without asking questions, that you have to deal with gastritis or enteritis.

If there be colic or enteralgia, the child will fight and kick with all its might. There is drawing of the limbs, coldness of the hands, flatulence, and distension of the abdomen. To these will be added that familiar cry. 'The colicky cry is paroxysmal and is very pitiful. Remember this cry is different from another I shall speak of. When, in the above mentioned, the child is able to pass flatus it has a short relief. But when you find that the cry is constant,—“a never-let up” one, as the nurse will call it,—and many a time has she pinched him to make him stop,—that he falls asleep only when exhausted or when given a goodly quantity of soothing syrup, that he awakens only to renew the crying. When you have these facts, look for gastralgia, but don't forget earache. In the latter the child rolls the head from side to side.

When there is twitching of the eyelids and facial muscles, and you know from previous visits that the child has fever or that it has cholera infantum, be on the lookout for convulsions; and by all means do not disregard that little thumb being turned inward across the palm of the hand, for it indicates convulsions.

Chronic twitchings and blinkings tell the story of nerve impairment. In connection with this it is well to remember that exceedingly severe nervous disturbances, even to convulsions and idiocy, are directly traced, in some instances, to an adherent foreskin or a hooded clitoris.

In diseases of the brain tissue the child is more quiet, as it suffers but little or no pain. It may sleep during much of the time, or lie in a comotose state. When the meninges are involved, the child is more restless, rolling its head from side to side and burying it in the pillow. The upper half of the face and the eyes show the greatest signs of excitement. As incipient meningeal symptoms, the expression is made up of frowns, wrinkling of the forehead and drawing or rolling of the eyes. Also, when a child, after sitting quietly in a corner playing, suddenly runs to hide its face in its mother's lap or in the sofa pillow, it shows a “sneak” symptom of meningitis. Cheyne Stokes respiration is a prominent indication of the same.

The brain cry is sudden, sharp, piercing and paroxysmal. A

prominent line in the face, when present, points to disease or derangement of the brain and nervous system, and is called the oculo-zygomatic line. It begins at the inner canthus of the eye, passes downwards and outwards beneath the lower lid and is lost on the cheek a little below the projection of the malar bone. In tubercular meningitis the child may be seen lying motionless on his back, with closed eyes, and face directed straight upwards to the ceiling. In this we find the abdomen very much retracted.

Unusual shortness of breath, difficulty in breathing, dilatation of the alae nasi refer you to the respiratory organs for examination. Count the respiration. The ratio of the respiration is 1:3 or 3.5, normally. If we find one respiratory movement to every two beats of the pulse, we should suspect the presence of pneumonia or of pulmonary collapse. In pneumonia there is a cry accompanied by a cough, and the cry sounds as painful as the cough. Respiration is very much embarrassed from nasal stenosis, but with this we have cyanosis. In most throat troubles there is a marked difficulty in swallowing, and enlargement of glands of the neck and throat is present. If the child awaken with a hoarse cry, and it is not of a crying disposition, so that a previous crying spell has brought on the hoarseness, we should look for croup or laryngeal inflammation. In pleurisy, pressure upon the sides of the chest, as in lifting the child up, causes acute suffering.

The labial line is a trustworthy sign in diseases of the lungs and air passage. It begins at the angle of the mouth, runs outwards to be lost in the lower part of the face. When a child has a cold in the head, see whether it be simply a case of snuffles, or whether you have the primary symptoms of measles.

Rickets has a vast number of objective symptoms. The child's head is elongated, forehead square, full and overhanging, lower jaw small, almost pointing, or the jaw may be prominently developed and the upper part of the face sunken. There is asymmetry of the cranial bones. The complexion has a greenish or faint olive tint, especially if the spleen be much enlarged. Enormous distension of the abdomen, the so-called "pot-belly," is a characteristic symptom. The pigeon chest, prominent ribs and

high collar bones, is another. The child may be found in his cot resting on his elbows and knees, with the forehead buried in the pillow. It has a tenderness all over the body, which makes pressure very painful. The teeth are usually very slow in appearance and early in decay.

In craniotabes, or rhachitic softening of the cranial bones, we find softened areas in the parietal and occipital bones. Laryngospasm, the crowning inspiration of infants, is almost always associated with craniotabes, and is caused by its meningeal and encephalic results.

Lastly, do not exclude syphilis in your diagnosis. It would be well could we do so. But its presence in infants is too frequent an occurrence. Therefore, when you have some of the following indications make your investigation most thoroughly, being careful not to ask the parents too many questions. In syphilis the prominent parts of the face, as the nose, cheeks, chin and forehead, assume a swarthy hue. A broad, flat bridge to the nose, especially if conjoined with prominence of the forehead and absence of eyebrows, suggests syphilis. The cry is high-pitched but hoarse. The child is always hungry, for the state of his mouth and the nasal passages offers a continual impediment to his drawing sufficient nourishment from the breasts. The bone lesions present very many characteristic symptoms. Examine the long bones. I will give just one indication. If we place the finger and thumb on the anterior and posterior aspects of the humerus at the upper part, and carry the hand downward along the shaft, we shall notice that the bone becomes thickened at the lower end, and that the thickening is greater at the point of junction of the shaft with the epiphysis.

According to the time allowed me for the reading of this paper, this must suffice.

There are, however numerous other symptoms not herein mentioned, which one may observe, and which, when observed, will afford much valuable aid in arriving at conclusions.

You have noticed that I have not described any disease in detail; nor have I given attention to all diseases; but have tried to take symptoms as they appear most readily to the attending

physician.. I have commenced with the face in all instances, because it is the first we take notice of; it is the mirror on which all diseases are reflected.

I have tried to lead the symptoms to a class of diseases affecting a particular part of the body, or to a constitutional disorder.

Infant Feeding.

By Emma F. A. Drake, M. D.

In this day of pathological maternities, when helpless children are ushered into existence contaminated with all manner of dyscrasias, mental, moral and physical; poorly endowed with the characteristics which go far toward shaping the child for useful man or womanhood; environed with all sorts of objectionable ideas and atmospheres, the subject of infant feeding becomes to the physician a very vital question.

It is no longer permissible for the conscientious physician to say, "nurse your baby, if possible, by all means," for certain constitutional taints on the part of the mother should forbid her nursing entirely, if she desires a healthy, well-developed child.

On the other hand there are cases where nursing would be positively detrimental to the mother and hence should be precluded.

Granting these statements to be true, we must not, without carefully obtained knowledge of the case, give our sanction to artificial feeding, for often a whim on the part of the mother may be at the bottom of the desire, and if she can get the sanction of the physician her course will seem excusable.

Neither should we accept too easily the plea, "I have never been able to nurse my babies, Dr. my milk is not good;" for often by painstaking knowledge of the case, we can institute a course of treatment that will make it not only possible but the

very best thing for all concerned, to nourish the baby as nature intended.

I pity the little one that is cheated out of its rightful heritage, its mother's breast. The mother who nurses her baby is much to blame if she does not drink in the sweet lessons of moral as well as physical dependence, while the little one hangs upon and nestles in her bosom ; and she little dreams of what she misses if she puts it off without a thought or a care of these, the sweet lessons of cuddling, nursing motherhood. Says a late writer :

"The most important knowledge that a mother can possess is how to feed and train her little one so that it shall have the rich heritage of a sound mind and a sound body. The cultivation of tender, human plants requires much more care than the raising of fine crops or fine domestic animals. Yet it is not so much a knowledge of what should be done as of what should be left undone. It is the attempt to give the little one material unsuitable for building up its body, and depriving it of food provided by nature, that causes so much trouble.

"During the first year of life, brain development is most active, and want of proper food at this time results in a damaged brain, and a damaged brain means a more or less damaged life."

Daniel Webster was wont to remark that "common sense was the most uncommon commodity in the market," and I am sure that in no place is this more clearly proven than in the rules, or, rather, no rules, which govern infant feeding.

Ask many mothers how often they feed their babies and they will answer in the sentiment, if not the language, of one who said, "When it is well, once in two or three hours; but when it has colic, or is restless, it tugs away nearly all the time, day and night, until I am nearly worn out; and I venture to say the baby is in the same condition."

The rule, or no rule, with each mother is, when the baby cries, feed it; when it goes to sleep, feed it; when it frets, feed it; when it wakes, feed it ; when it has colic, feed it more ; and when it is really ailing, feed it all the time, and then wonder "What ails the baby?"

We smile at this; but are we doing our duty, with "line upon line and precept upon precept," to do away with this unpardonable ignorance?

A simple rule for time and quantity is this, which must be varied slightly to meet the individual case: For the first six weeks or two months feed once in two hours, then lengthen the time by fifteen minutes each month until you have reached $3\frac{1}{2}$ or four hours, which, in the majority of cases, should be the limit of time until the child is twelve months old. As to quantity, beginning with two tablespoonfuls increase gradually each week until at a year old the limit should be nine ounces or eighteen tablespoonfuls. For breast-fed babies nature, as a rule, regulates the quantity, for no more is secreted than needed in the normal condition; and a regular time of nursing will insure regularity of secretion.

It is estimated that in the first year an infant grows six or eight inches in length, and at the close of the year should weigh two or three times as much as at birth. This rapid growth requires a relatively larger consumption of food than at any other period of life. Its growth in the second year being half that in the first, and in the third year one-third the amount; hence quantity of food should be regulated accordingly.

I remember hearing a physician say to a young mother, while yet in bed, "Eat anything you want regardless of the baby; baked beans with vinegar, cabbage, cucumbers if you like, for if you begin with not coddling it, it will get used to it gradually, and you will not be hampered in your dietary."

It may be true that kind nature would discard, in a measure, these harmful elements in the secretion of the baby's food; but it is far better to throw no stumblingblocks in her way and run the risk of tiring her out in the work of food elaboration for the little one. Some one has said, "Women weep, work and suffer the same to-day as at the dawn of the race, because they feed the young upon forbidden fruit. So they grow into men and women with curved spines, unshapely, unsymmetrical forms, and damaged brains, to suffer all through life with ills of both body and mind." What the mother eats determines the physical life of her

child, as surely as what she thinks determines its mental and moral life; and the habits of bad eating and thinking are indissolubly fixed in childhood.

The fact of the lamentable passing of nursing mothers is dependent largely upon two things: First, The increased importance put upon the claims of social life as compared with the importance of the claims of real motherhood; which, in its practical bearing, means that not enough energy is reserved to make it possible for her to spare any for the natural way of rearing her baby; hence she seeks a substitute for mother's milk in some one of the prepared foods, whose unlimited number and extravagant praise catch the eyes and understanding of the unsuspecting and make them think that nature knew very little about what was best for babies, and mother's milk was an inferior commodity after all.

These scientifically prepared infant foods whose numbers are increasing almost daily, of course are made to meet the demand, but they furnish the second cause for the large number of artificially-fed babies.

Nothing, to my mind, so proves the insufficiency of these artificial foods as the great number put upon the market. Standing above them all we believe is good healthy cow's milk, which, if given warm from the cow, furnishes the one thing lacking in all the vaunted prepared foods, viz., vitality.

The insufficiency of sugar in cow's milk can be supplied with sugar of milk, and the five times as large quantity of curd can be met in a great measure by some one of the predigestants, and the diluting, until the baby becomes accustomed to it.

It is generall considered, says an authority on dietetics, that fresh, raw cow's milk, from a healthy cow, and carefully kept from contamination, is a more wholesome food for babies than milk that is either boiled, sterilized, Pasteurized or peptonized.

This probably is true of good country milk from cows known to be healthy; but city milk is an altogether different article. With the facts staring us in the face that a large percentage of dairy cows are proven tuberculous; that many of them are poorly kept and fed upon slops or brewing refuse; that no scientific care

is taken of the milk before it comes to the home, the question of milk for babies is a serious one.

A few of the prepared foods claim pre-eminence from the fact that no fresh milk is needed in their preparation for use, while the milk used in their composition is known to be pure and healthful.

To day there are two theories which govern infant feeding: the first is "to bring the child up to the standard of the milk," which is the old theory; the second, to bring the milk to the standard of the child, which is the newer theory, and so newly elaborated that it must be tested further before it is approved or condemned.

That the latter theory would need much more careful study is apparent; as there must be a knowledge of the peculiarities of each individual case that the selected food should meet the demands.

It is probable that the various claims made by the makers of the prepared foods and the scientific analysis of mothers' milk has led to the elaboration of this idea.

The choice of the food in each case must be determined by the physician, as what will do nicely for one will not do at all for another.

Condensed milk has had a wide reputation for years, but is open to criticism. The great amount of sugar used in its preparation is far beyond what the child requires, and while babies fed on it seem to thrive for a time, their flesh is less firm, they develop poorly, are less able to resist disease, and are often rachitic. On the other hand, we cannot place too much credence upon statistics compiled against condensed milk, as it is the favorite food for artificially fed babies among the poor in our cities, and the ill results may be quite as often due to bad surroundings and improper care as to the food used.

In my experience, Mellin's Food babies teethe very slowly and are not as solid and vigorous as those nourished on many other foods. The reason, perhaps, is largely due to the fact that it contains but .15% of fat in 144.74 while mothers' milk contains 3.90 per cent, and cows' milk 3.66 per cent. Nestles' Food comes a lit-

the nearer the standard in this respect, as it contains a trifle over one per cent. It has been proven that children fed upon foods lacking in fat, the teeth come late, the bones are soft and the muscles flabby, while on the other hand, those fed upon foods containing too much sugar are frequently very fat, but their flesh is very soft, they walk very late, and they perspire readily about the head and neck, and are subject to catarrhal and other diseases.

One of the most reasonable foods, if not the most reasonable in my estimation is one of the latest preparations, viz, Milkine. Its excellence is due to several qualities. It contains nearly, if not quite, two per cent. of fat, is not too sweet, and by the addition of its five per cent. of prime lean beef, gives a variety and added nutriment not found in other foods. Another quality is its extreme pleasantness. It is claimed and proven, we believe, that in its preparation the vegetable ferment developed renders the meat easy of digestion and assimilation, while it transforms the starch of the flour into maltose and dextrine.

For some babies Eskays Albuminized Food does well, but the extreme care needed in its preparation for use, lest the albumen be coagulated, prohibits its recommendation.

That no one of the foods will meet the wants of some perverse babies we can all attest. All that remains then for us, is to sit down and study the baby and manufacture a food to meet its wants. I speak from an experience of three bottle-fed babies of my own. With the first, cheated out of its natural food by the terrible ravages of puerpural sepsis, (from which even doctors are not always exempt). We ran the gauntlet of prepared foods while the little one approached more and more in resemblance to a miniature Egyptian mummy weighing eight pounds at three months of age. At that age I was able to give thoughtful study to its food and fixed upon oaten flour porridge three parts, milk boiled twenty minutes one part. She began at once to thrive and was a beautifully developed child at five months. The porridge was gradually decreased while the milk was increased until at about seven months she took milk alone. The second child thrived well on condensed milk until gradually led up to fresh

cow's milk. The third took kindly to cow's milk at three months, when his natural food proved insufficient.

The little that I would say further might perhaps best be put in aphoristic form.

In milk fed to babies, top milk often is best as it is richer in fats than the entire milk.

When there is a tendency to constipation, if the milk be boiled twenty minutes and a very small quantity of salt added, it often relieves entirely.

Overfeeding kills more babies than starvation.

Unmethodical and improper feeding is quite as bad as feeding with improper aliments.

In hot weather less food should be given than in cold, as less easily taken care of.

Simply cold water will allay irritation, induce sleep and prevent wear on the nervous system during the first hours of life better than anything else.

Babies should be given cold water several times every day.

Well managed babies are taught to sleep at least seven hours continuously each night without taking food, thus insuring a good rest for both mother and child.

Inanition with diarrhoea is caused by overfeeding; innanition without diarrhoea, too little food and not the right kind.

Babies thrive best and develop most perfectly if fed upon a varied diet, as no one food contains all the nutriment and variety required.

The child should be held while feeding artificially as nearly in the natural position as possible, and the nipple used, one drawn directly over the neck of the bottle, and be of black rubber and short.

The mouth should be washed with a soft cloth dipped in warm water, after each feeding.

Lastly weigh often to note progress or deficiency.

Materia Medica.

[CONTINUED.]

By W. A. Burr, M. D.

Characteristic Symptoms as presented by Prof. T. Bacmeister, in Hahnemann Medical College, Chicago, thirty years ago :

RHUS TOXICODENDRON.

Acts on entire vegetative system, glands and skin.

1. Corners of mouth ulcerated and sore.
2. After stools, crampy tearing of back of thighs and legs.
3. Severe aching pains in left arm with disease of the heart.
4. In intermittent fever, dry cough with chill.
5. Soreness, as if beaten, in the hypochondriac region and abdomen, worse on the side on which he lies.
6. Worse on beginning to move, but better as motion is continued.

Excellent for *typhoid fever*, *scarlatina* and *erysipelas*.

COLOCYNTHIS.

Acts principally on nerves; prominently on the trigeminus. Pains are cutting as if with knives, quick and darting in bowels.

1. Pains are paroxysmal; come and go.
2. Bends or curls up double with colic.
3. Stools renewed by every little food or drink.
4. Intense boring, tensive pains in ovary.

Principally for *colic* and *prosopalgia*.

PULSATILLA.

Acts on mucous membrane generally; also on muscles and nerves. Pains wandering.

1. Timid, fearful, melancholic; easily moved to tears.
2. Coryza, with loss of smell and taste.

3. Taste is putrid and bitter, especially in the morning.
 4. Distaste of fats.
 5. No thirst even with dry mouth.
 6. Pressure in abdomen and small of back as from a stone; with disposition to go to sleep while sitting; with inclination to stool.
 7. Discharges from bowels change in color.
 8. Chilliness with pains.
 9. Feverish heat with no thirst.
- Especially for females.

IGNATIA.

Acts principally on the medulla oblongata. Spasms prominent. Especially useful in affections from fright. Best adapted to women and children.

1. Changeable disposition.
2. Perspiration; only in face and while eating.
3. Stools large and soft, but difficult to discharge.
4. Cough while standing still, not while moving.
5. Better when changing position.

NUX VOMICA.

Acts on nervous system. For spasms and nervous diseases, especially tetanus. Adapted to persons of a strong and robust character.

1. Small round spots on sclerotica.
2. Colic, with pressure on rectum and bladder.
3. Pain in bowels always relieved as soon as discharge is over.
4. Catamenia before the time; rather too copious, or keeping on beyond the time.
5. Very sleepy in the evening and sleeplessness during the night.
6. Patient wakes from three to four in the morning and falls to sleep with the bright morning.

Among the Journals.

NEW ENGLAND MEDICAL GAZETTE.

**Venesection
in
Eclampsia.** In a paper read before the Boston Homeopathic Medical Society, Dr. George R. Southwick discusses the question: Is Venesection with Saline Transfusion ever Justifiable in the Treatment of Eclampsia? He would not use the term "uremic" as applied to eclampsia, but the word "toxemia" instead, since there is a real toxicity of the blood that urea in the blood will not produce.

Where there is a venous congestion, especially of the lungs, he would not hesitate to use venesection and saline transfusion, for if the lungs are once "water-logged" there is little hope from *any* treatment. We may measureably relieve the heart from mechanical obstruction by delivery, but there is sometimes a pulmonary edema remaining which must be removed if possible. This, the Doctor thinks, may sometimes be done by venesection when all other means fail. He would use the homeopathic remedies, the venesection being largely for its mechanical effect in relieving the lungs and the heart.

NORTH AMERICAN JOURNAL OF HOMEOPATHY.

**Hospitals
for
Consump-
tives.** An editorial on this subject closes with these paragraphs: "What we need are charitable hospitals for consumptives, hospitals where all comers are taken. Hospitals officered by physicians and nurses not in mortal terror of the word "germ." Hospitals where intelligent treatment can be carried out by physicians at home who are familiar with the climate where they live and can utilize it. Hospitals that will provide proper nourishment for delicate stomachs. Hospitals that can keep patients for ten years if necessary. Hospitals where homeopathic treatment can be obtained if the patient wishes it. That would be the ideal.

"Such an ideal hospital has been provided for in Senate Bill No. 12, which proposes to establish in the Adirondacks a great

State Sanitarium. There is every argument in favor of the establishment of such an institution. The value of such hospitals is known the world over. There are many of them in existence, and it would in no sense be an untried experiment to build a home for consumptives in the Adirondacks. It is a duty—an imperative duty—that the states owes to its people, and the Legislature should not adjourn without taking action. The bill before the Senate is fair to the Homeopathic school, and there is every reason why we as a school should give the measure earnest support. Should it fail this year, we must be ready for next year's battle."

**The Old
Story.**

Those who hug the delusion that the millenium has arrived, and the rival schools of medicine are about to lie down together, may profit by a brief account of Dr. B. Austin Cheney, a well-known surgeon of New Haven, Conn. Dr. Cheney's father, Dr. Benjamin H. Cheney, is a homeopathic physician. Dr. Cheney's younger brother, Dr Arthur Cheney, belongs to the eclectic school. Dr. Cheney himself is an allopath, and lectures in the Yale Medical School. He has, however, been refused admission by the New Haven Medical Society, because he has consulted with his father and his brother, and there has been a bitter fight over this question for years. A suit recently brought against Dr. Cheney for \$10,000 damages for alleged improper treatment has caused some commotion in New Haven circles. Dr. Cheney says that the prosecution is inspired by others than the actual plaintiffs. It would appear that in New Haven, at least, there is no danger of a union of the schools.

**Diseases
of
Bladder.**

THE DIAGNOSIS AND TREATMENT OF THE MORE COMMON BLADDER AFFECTIONS IN WOMEN BY MEANS OF

KELLY'S METHOD.—Dr. Vineberg gave an interesting paper, with the above title, before the New York Academy of Medicine in October, 1898. He has made over five hundred cystoscopic examinations in over one hundred women. He has been obliged to use general anæsthesia but once. He generally uses No. 10 instrument. Occasionally he has used the No. 8 or the

No. 12. He has never seen any evil results follow his examinations. Incontinence of urine has never occurred. The patient is first placed in the lithotomy position, with loosened clothing, and catheterized. The bladder is then washed out with a one per cent. solution of boric acid, until the returning fluid is perfectly clear. Next a drachm of a four per cent solution of cocaine is injected, the catheter withdrawn and a pledget of cotton saturated with a ten per cent solution of cocaine inserted in the urethra. The patient is then placed in the knee-chest position, and the cystoscope put in use. The residual urine must be withdrawn. To obviate the pain caused by air in the bladder, the patient is carefully turned to the back before the speculum is withdrawn, so as to allow of the escape of the air. Cases are then detailed, showing the usefulness of the cystoscope.—*New York Medical Journal.*

THE HAHNEMANNIAN MONTHLY.

Treatment of Hyperidrosis. The chief drugs are silica, thuja, nitric acid, kali carb., graphites and phosphorus. *Silica*—Cold legs and feet, with excessively fetid foot-sweat, no remedy can equal silica. Bad effects following suppression of foot-sweat. Intolerably bad, carrion-like odor of the feet.

Thuja, 3x-6x.—The person cannot bear the least dampness, bathing nor washing of the body. Three or four doses daily. Higher dilutions later, at rarer intervals.

Nitric Acid, 3x and higher.—Inflammatory redness of the perspiring from acridity of the perspiration. Rhagades and fissures of the skin in any part of the body. Three to four doses a day.

Kali Carbonicum, 6x and higher.—Great inclination to catch cold, and particularly to catarrhs of the nose and throat. Excessive sensitiveness to sudden sounds or noises, associated with nervous trembling or shivering, or mental indifference to surroundings. Is indicated more especially in women.

Graphites, 3x-6x.—Also particularly useful in obese women who suffer from constipation. Depression; constant occupation

of one's thoughts ; fear of imaginary failure in one's undertakings. After emotions, with difficulty the patient quiets down.

Phosphorus, 4x-6x.—Fatigue and heaviness of the head after the least intellectual effort ; a feeling of burning along the spine and great weakness of the legs ; general weakness of the body and mind.

Besides these a number of other remedies may be necessary. First of all,

Baryta Carb., 3x-6x.—Where there is a great inclination to take cold in the throat ; tonsillitis ; as well as in old persons suffering from asthma.

Calcarea Posphor., 3x-6x.—Indicated by a pale and weazened skin, and a generally weak development of the body, particularly in children, and, in general, in anaemic subjects.

Petroleum, 3x.—Profuse secretion of a disgustingly offensive sweat in the axillæ and feet.

Lactic Acid, 3x.—Profuse sweating of the feet, without odor.

Bryonia, 8x.—Useful in greasy sweating of the scalp, with a sour odor ; complicating catarrh of the stomach.—*Vratch Homeopat*, No. 7, 1898. FRANK H. PRITCHARD, M. D.

Croton Dr. Makechnie reports the case of a woman of thirty
Tiglum years who had an eczematous plaque on her elbow,
in
Eczema. which was covered with pustules ; this gave her a great deal of distress on account of insufferable irritation and pain. The itching particularly troubled her at night, making her restless, and particularly after meals. After washing it would be aggravated. Her bowels were constipated, the evacuations scanty and difficult. Otherwise she was healthy ; her urine and menses were normal. During the first fourteen days she received rhus, cantharis and bryonia. These remedies ameliorated the constipation, but the eruption spread still farther and appeared on her face, it being accompanied by great itching. Then she was given croton tigl. 6x. During the first eight days the itching continued to become worse, but the eruption, particularly on her face, visibly decreased. During the succeeding week the itching dimin-

ished, her face wholly cleared up, and under the influence of the latter remedy the patient was entirely restored to health.—*Vratch Homeopat*, No. 8, 1898.

THE AMERICAN HOMEOPATHIST.

True to Similia. Dr. H. F. Biggar recently visited the Homeopathic Department of the University of Michigan at Ann Arbor. He afterwards wrote a letter to the American Homeopathist, and this is the last paragraph: "In the homeopathic medical department of the University of Ann Arbor homoeopathy is taught not only from the chair of Theory and Practice and Materia Medica, but from the other chairs as well. What will be the result of these teachings? Splendid, scholarly, homoeopathic physicians and surgeons."

Materia Medica. QUESTIONS AND ANSWERS IN MATERIA MEDICA.—Prepared by EDWARD FORNIAS, M. D., Philadelphia, Pa.

Give constipation of phosphorus?

The faeces are slender, long, narrow, tough, and hard like a dog's, and voided with difficulty.

Give the gastric symptoms of phosphorus.

As soon as water becomes warm in the stomach it is thrown up. Fullness and painfulness of the stomach. Sometimes a gurgling and stitching in pit of stomach. Vomiting of blood; better from drinking cold water.

When is phosphorus indicated in pneumonia?

When there is dryness of air passages, excoriating feeling in upper chest; sore, bruised chest. Dry, tickling, cough. Sputa bloody, rust-colored or purulent. Oppression and anxiety. Later, stupor; burning heat of head; muttering delirium.

When is phosphorus indicated in tuberculosis?

In tall, slender, or rapidly growing persons, with repeated hemoptysis: dry cough, great debility, frequent attacks of bronchitis; purulent sputa.

When is phosphorus indicated in mastitis?

When there are fistulous openings, with burning, stinging, and watery offensive discharges. Also as soon as pus forms.

When is phosphorus indicated in typhoid fever?

When pneumonia complicates the case. Hard, dry cough, or loose. Stupor, dry lips: black, dry, immovable tongue, cracked and parched. Open mouth. Delirium. Grasping at flocks. Frequent and copious epistaxis. Diarrhea painless, with loud rumbling and meteorism, worse in the morning. Great weakness after each stool. No control over sphincter ani. Wide open anus, etc.

Give the silicea uterine symptoms.

Increased menses, with repeated paroxysms of icy coldness over the whole body.

What are the mental symptoms of silicea?

Yielding mind, faint-hearted, anxious mood.

Give constipation of silicea.

Difficult expulsion of soft stools; they seem to slip back.

How is the headache of silicea made better?

By wrapping up warmly.

When is silicea indicated in suppuration?

When it is excessive, and when by its long duration it is causing great harm to the system. Pus ichorous, sanious, and thin; offensive.

When is staphysagria indicated in toothache?

When the teeth feel too long: gums ache, and the teeth turn black.

When is staphysagria indicated in headache?

When there is a sensation of a round ball in the forehead, firmly fixed there, even when shaking the head.

When is hellebore indicated in meningitis?

When the head of the child rolls from side to side on the pillow, with screams, automatic action of one arm or one leg, soporific sleep and great stupidity. The urine is red and scanty, leaving a coffee-grounds-like sediment.

When is hepatic indicated in croup?

When there is wheezing, metallic, choking, strangling cough,

especially brought on by exposure to dry west winds.
(Acon.)

When is hepar indicated in colds?

When there is a wheezy, croupy cough, worse when any part of the body is uncovered, or is brought on by least exposure.

When is hepar indicated in sore throat?

When there is a feeling of a fishbone in the throat. (Arg. nit.).

When is hepar indicated in suppuration and abscess?

Early to disperse the abscess, or after to promote suppuration.

Especially in abscesses of cellular tissues.

Give the menses of ferrum.

Too soon and too profuse and long lasting, with flushed face and ringing in the ears.

Give the metrorrhagia of ferrum.

Blood partly fluid and partly clotted (sabina): in weakly persons with labor-like pains.

Give the headache of ferrum.

Congestive, throbbing headache, with flushed face and ringing in ears. Occipital headache when coughing.

What is the diarrhea of ferrum?

1. Painless diarrhea of undigested food. (China, podo.). 2. Watery, burning and corroding anus. (Ars., iris.). 3. Of slimy mucus mingled with worms. (Cina., spigelia, sulph.)

In what form of rheumatism is ferrum indicated?

In rheumatism of the deltoid (left side), with sticking and tearing at the shoulder joint: or paralytic pain at the same joint preventing motion of arm. (Sang., right side.).

What is the hemoptysis of ferrum?

With pain between the scapulæ, and fullness and tightness of the chest (phos.): worse from walking slowly about.

Give the intermittent fever of ferrum.

After the abuse of quinine, with congestion of the head. Distention of the veins, vomiting of the ingesta, and swelling of the spleen. Profuse and long-continued perspiration.

Give the headache of sepia.

Paroxysms of hemicrania, stinging pain from within outward, in one side of the head (mostly left), or in the forehead, with nausea, vomiting, and contraction of pupils, worse indoors, (puls. better outdoors), better in open air (puls.), and when lying on the painful side (ignatia).

When is sepia indicated in gleet?

When there is no pain, and the discharge occurs only during the night, a drop or so staining the linen yellow.

Give the menses of sepia.

Too early and too profuse: even with mania; or too late or too scanty (puls.): suppressed.

Give the leucorrhea of sepia.

Yellow or greenish water: like pus: of bad-smelling fluids, accompanied by much itching in genital organs.

Give uterine symptoms of sepia.

Pain and bearing down; feels as if everything would escape through the vulva (bell.); crosses the limbs to prevent protrusion.

What are the mental symptoms of sepia?

Aversion to occupation, indifference, especially to members of her family. Irritable and easily offended. Memory weak.

Give the urine of sepia.

Putrid urine, with deposit of a pinkish sediment, which adheres tenaciously to the vessel.

What are the cutaneous symptoms of sepia?

Yellow saddle across the nose. Also yellow-brown spots on the face. Face pale, waxy, yellow.

MINNEAPOLIS HOMEOPATHIC MAGAZINE.

**Diagnosis
of
Insanity.** Dr. Ellen S. Keith, assistant physician Westborough Insane Hospital contributes an article on The Importance of Correct Diagnosis in Cases of Insanity, with the following points:

In order to treat insane patients successfully a careful and thorough examination must be made.

Did the father or mother die of consumption?

Did the earlier children in the family die in infancy and did any of them die of syphilis?

Were the parents or remote ancestors intemperate?

Did the parents have cancer or any especially weakening disease?

Had the ancestors been insane or peculiarly nervous?

Was the patient's general health good before becoming insane?

Had the patient indulged in high living or any kind of dissipation that would weaken the life forces or tend to disturb the mental equilibrium?

All these questions must be answered, and many other points carefully considered. Even then there is great difficulty in arriving at a satisfactory diagnosis or prognosis. Furthermore, the slightest cases of insanity are often the most difficult to cure.

THE HOMEOPATHIC RECORDER.

Note-book In croup, remember *Ammonium causticum*; in epilepsy, **Rakings.** *Solanum Carolinense*.

If the pulse in obstructive jaundice be as low as thirty per minute do not consider it alarming.

If in the pregnant state the amount of urea is below 1.5 per cent. treatment should be directed towards the organs of excretion.

Convallaria calms the nervous symptoms and palpitation in cardiac irregularities. It is a cardinal remedy in exophthalmic goitre

Iris may correct sour vomiting with sour, lemon-colored diarrhoea.

Animals have hysteria, especially mares. Balkiness is a kind of hysteria.

Alcoholic dementia is not a delirium, unlike that from other diseases, fever for instance.

Irregular hearts from tea and coffee drinking and from smoking may improve under *Agaricus*.

The body of a person who has died from jaundice rapidly

decomposes, even in cold weather. Rigor mortis rapidly disappears.

The potash in the strawberry renders its juice a desirable drink for the gouty and for strumous children.

Hot food is not well borne in gastric ulcer.

Euonymine is indicated in occipital "bilious headache."

For relaxed uvula use *Collinsonia* locally.

To determine the time of gestation count back three months from last day of mcnstruation ; then count forward a year and seven days.

A woman who has had eclampsia should not nurse her child.

Women with well marked cardiac lesions should not become pregnant.

Do not leave a woman after labor when the pulse is over one hundred.

An old wife's remedy for worms is grated carrot, raw, upon an empty stomach.

For indolent ulcers, bed sores, etc., locally, balsam of Peru.

Pediculi and their ova may be destroyed by a single application of sassafras oil.

Now they say *Echinacea* is "good" in flatulent dyspepsia.

Coughs with dryness of mucous membranes of respiratory tract attending or coming after measles suggest *Drosera*.

Tobacco makes loafers of men, tea makes them gossipy and coffee lethargic.

For constipation in nursing mothers, chew a teaspoonful of flaxseed daily.

Onions for neuralgia of stomach.

Picrate of zinc, for loss of sexual power, a power that is not easy to restore.

The only natural fetal presentation is where head leads and child is in universal flexion.

The white of an egg, well beaten, with a teaspoonful of sac. lac. and a little salt, has in many cases of cholera infantum been the only food that could be tolerated.

Persistent vomiting in enterocolitis is a bad symptom, and

often means the supervention of cholera infantum and rapid dissolution.

A case of gonorrhœa may be pronounced cured when there is no discharge, no tripper fadden, no micro-organisms present, and when there is neither stricture nor prostatitis present.—*From Medical Counsellor.*

Gleanings.

Absolute dryness prevents the development of germ life.

It is difficult to freeze a germ to death, but boiling quickly destroys all micro-organisms.

Apocynum cannabinum is considered valuable in valvular lesions of the heart and the resulting dropsy.

It is stated that a single application of the oil of sassafras will destroy all varieties of pediculi and their ova.

It is asserted that a fiery red nose can be "bleacht" by being painted with a five per cent. solution of boric acid.

Don't fail to use turpentine in hemorrhage. Must be given in large doses—one to two drachms without dilution in emergencies.

For a hard, dull steady pain across the abdomen, with or without diarrhea, give from five to eight drops of spirits of turpentine every two hours.

In exophthalmic goiter three drops of the tincture of veratrum twice a day, gradually increased to the limit of tolerance, will cure many cases.

Schrieber says that torpid ulcers, even when painful and due to varicose veins, may be made to cicatrize comfortably if dusted daily with antipyrin.

Strychnin sulfat, 1-20 grain thrice daily for six or eight weeks before parturition, is a serviceable porphylactic against uterine inertia during labor.

Hysteria and epilepsy are generally ameliorated by the pregnant state; epileptics, however, are more subject to puerperal eclampsia than others.

Phosphorus in small doses is indicated in the depression following prostrating fevers, where there has been much involvement of the nervous system.

Bichloride of mercury should never be used for dressing extensive raw surfaces, and sublimate solution should always be avoided for the irrigation of deep wounds and cavities.

Inhalations of nitrate of amyl in 30 drop doses, succeeds best and quickest in opium poisoning ; next comes hypodermic injections of strychnine and the hypodermics of theine.

An anti-diabetic diet and from three to five drops of liquor brom-arsen., Clemen's solution, three times a day, has been a successful treatment in many cases of diabetes mellitus.

Dr. M. G. Price says : "Who of us have not been besieged by weary mothers for something for her crying infant that is suffering with three months' colic. Hoyscyamin is the drug."

Five drops of tincture lobelia in two ounces of water, and a half-teaspoonful every few minutes, given warm, it is stated will cure many cases of infantile colic from whatever cause.

Dr. Ernest F. Clowes, house physician of the Royal County Hospital, Winchester, reports the successful treatment of diabetes insipidus with amyl nitrite. There was a gain of ten pounds in weight.

A feverish patient is always thirsty. A drinking tumbler of pure, cold water, in which a teaspoonful of sweet spirits of nitre has been poured, is a refreshing drink, a few swallows of which may be given at frequent intervals.

To reduce high temperature caused by diseased conditions, give ice-water enemas. They do not disturb the patient like a bath, are harmless, easily administered and grateful to the patient. This is particularly advantageous in climatic heat cases.—*Medical Summary.*

Marriages Between Cousins.

In an effort to compare one hundred cases of marriage between cousins-german with one hundred average marriages where

no relation existed, the author, Dr. John Inglis, says the Medical Record, took by lot from a physician's case-book, who had practiced in a town of 1,500 inhabitants for thirty years and knew their family histories well, the names of one hundred families, and had this physician give him the record of these one hundred marriages with regard to sterility, pulmonary, mental and congenital diseases. These were then compared with the marriages of cousins. The latter showed a lower percentage of sterile marriages, and a slightly lower percentage of mental diseases. In pulmonary and genital diseases there was about the same percentage of difference, in favor of the former. In all other particulars the difference amounted to as little as any such comparisons can. In the one hundred cases of those not related, 17 per cent. were sterile; in the cousins-german, 14½ per cent. These figures agree very nearly with Huth's investigations.—*Medical Standard.*

Asclepias Tuberosa.

Asclepias tuberosa is the finest, non-stimulating diaphoretic in the *materia medica*. In former days, it was the sheet anchor of the profession in the treatment of all pulmonary diseases. It is still used to a considerable extent, by practitioners who adhere to principles of treatment acquired in the days when more attention was given to the practical side of the healing art.

The older practitioners will bear us out in the statement that asclepias tuberosa gives better results in the treatment of pneumonia, pleurisy, and other acute diseases of the lungs, than more modern methods. In fact, if the editor of the BRIEF were restricted to the choice of a single remedy in the treatment of pneumonia, he would select this drug.

The difficulty in obtaining a good preparation is likely to discourage and disgust a novice in the use of this remedy. We suggest, therefore that it be prescribed in the form of a tea. Four ounces of the ground root to a pint of water, made into an infusion, and taken warm, in doses of from one to two tablespoon-

fuls every two hours, will produce a most beneficial change in the condition of the patient. The body surface will become moist, without any corresponding depression of the heart or nerve centres.

It in no way interferes with other treatment which may seem necessary, and if its use is begun promptly, it will often jugulate the disease while yet in the preliminary stages of congestion.—*Medical Brief.*

Abuse of Strychnine.

Strychnine, or *nux vomica*, is undoubtedly a remedy possessing great powers of stimulation, but we believe that its use should be limited to those cases in which we desire to call upon the nervous system for a sudden effort, as in meeting a crisis in a case of collapse, or syncope. It is the lash of the whip, which, applied violently to a horse about to become "mired," may sting him into such an excess of activity that he raises himself from the quicksand in which he is sinking. So in medicine, strychnine may be regarded as a valuable remedy to meet an emergency, but there is nothing which indicates that its continual use as a nervous or circulatory stimulant is wise, and there is much which indicates that such use of it is unwise.—*Ther Gaz.*

Bronchial Asthma.

T. Talma, of Utrecht, asserts that the muscles of the air passages can be controlled by the will, or that this can be learned, and hence advocates the necessity of a series of respiratory exercises for persons affected with asthma (*Munich Med. Woch.*). They must practice breathing less frequently, and learn to breathe slowly and deeply. This prevents the cramp of the muscles. Speaking must be carefully regulated, and the breathing kept up slow and deep while speaking. The patient must practice and learn to keep the muscles of the neck, chest, and abdomen in their correct position.

THE CRITIQUE.

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All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 403 California Building, Denver, Colorado.

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EDITORIAL.

LUDLAM IS DEAD! This startling intelligence was flashed around the civilized world on the 29th of April, 1899, and to-day a great profession mourns the loss of one of its greatest men. Wherever homeopathy is known, Reuben Ludlam will receive a tribute of respect and regret. His fame as a teacher and a great surgeon was world-wide, and will go down in our history to the end of time. His work and his writings made him famous in all lands. All who knew him personally, loved and admired him. Everywhere he was recognized as a prince among men. His personality was remarkable and fascinating. Always courteous, always affable, always strong, he easily stood first in the counsels of his profession.

The circumstances of his death were both tragic and inspiring. In the vigor of a ripe old age, with all his faculties intact, with knife in hand, at the very crisis of a capital operation, the Death Angel came unawares and released his great spirit from all earthly ties. What a magnificent climax to a great career! To dwell upon the scene enhances its sublimity and excites the imagination. What a theme for the painter and the poet! History, nor poetry nor song has recorded a greater or nobler death than that of Reuben Ludlam. For him death possessed no sting. Like Nicanor of old, he "lay dead in his harness." His name, his words, his deeds, his death, will always adorn the pages of medical history.

We regret that we have not at hand the data from which to sketch the life and career of our dead friend. At some future time we shall do his memory deserved honor in these pages. Thirty-four years ago the Editor of THE CRITIQUE entered the

office of Dr. Ludlam as a student of medicine. For nearly three years we listened to his teachings, his advice and counsel. As a preceptor he was the student's ideal. He commanded at once our admiration and respect. We learned to love him as a friend and adviser.

During all these years that friendship remained unbroken. Although widely separated by distance, later years brought us frequently together. The old relationship seemed never to change. His friendship and regard were perennial. To us he ever remained the type of a great physician.

College Annual Election.

ON the 22nd of April, the annual election of officers of the Board of Directors and of the Faculty, resulted in the following selection :

President, Dr. B. A. Wheeler; Vice-President, Dr. C. W. Enos; Secretary, Dr. J. C. Irvine; Treasurer, Dr. J. W. Harris; Superintendent of the Hospital, Dr. B. A. Wheeler; Hospital Committee, Doctors E. H. King, S. S. Kehr and J. H. Morrow; For the Faculty, Dr. J. P. Willard was elected Dean, and Dr. David A. Strickler, Registrar.

Several of the old officers, notably Doctors Anderson, Burr and Smythe, who had served continuously for five years, declined further duty. Dr. Smythe in retiring from the Deanship, addressed the Faculty as follows :

"Before entering upon the election of officers for the ensuing year, I desire to acquaint you with my determination to decline further service as Dean of the Faculty. I have decided upon this step without consultation or advice. It is a matter which has engaged my serious consideration for a long time. In my zeal for the establishment of a reputable Homeopathic College and Hospital, I have permitted my business interests to suffer serious neglect. I now feel that I must begin to retrench in the time which has been given to the College, and devote part of it to my own personal affairs. The past five years have been the most trying in my experience. In addition to professional work

and the school duties required of me, the demands of our Medical Journal have been most exacting. I have endeavored to make *THE CRITIQUE* a faithful representative of our College and of Homeopathy. It has had no other reason for its existence. It has been devoted wholly to the service of our institutions. That it has been the means of widely advertising them is not, I think, questioned by any one. In my yearly visits to the American institute, I have been gratified to learn that our College is not only widely known, but that it is looked upon as a most successful school, and one thoroughly homeopathic in its teachings.

"History does not furnish a parallel among medical colleges of a like success in the same length of time. This is due entirely to the splendid work of our Faculty, and we have a right to be proud of it.

"I desire to be entirely frank with you. We have erected a fine college and hospital, both completely equipped, but we also have a large debt to discharge. Only through the efforts of the Faculty can this obligation be met. No matter who constitute the Board of Directors, the Faculty must be responsible for the success of the school, and a successful school means everything for our future welfare. Harmony and efficiency are the first essentials to further progress; without these we shall surely fail.

"I yield to no man in my devotion to this College. To see it prosper is one of the most ardent desires of my life. Neither do I hold the position of Dean lightly. On the contrary, I consider that I have been most signally honored; and now, on the eve of my retirement, I desire most earnestly to thank the members of this Faculty for the generous support given me in my endeavor to make the Denver College and Hospital what we see them to-day,—worthy monuments to homeopathic progress in Colorado."

Reports were made by the retiring secretary and treasurer, and by the superintendent, which showed a very prosperous condition of the College and Hospital. The hospital has been well patronized by our physicians generally, and notwithstanding the fact that a great deal of surgical work has been done during the year, the death-rate all told was only 4.65%. Comparing this with the mortality at the County Hospital of 14.72%, one cannot question the superiority of homeopathic methods.

Current Medical Opinion.

THE great progress made in every line of medical science during the past decade has been in the investigation of the causative factor in disease, and in no one direction has more been accomplished than in the study of auto-intoxication and its relation to pathological states.—Dr. Emily L. Hill, Gloversville, N. Y.

The Germ Theory should be objected to by Homeopaths only when put forth as a guide to the treatment of disease, or when made the basis of a system of therapeutics.—Dr. J. Henry Allen, Professor in Hering Medical College, Chicago.

It is manifestly as plainly the duty of the physician to instruct people how to live so as to prolong life and avoid sickness and suffering, as it is his duty to endeavor to cure them when they are sick.—Dr. H. M. Paine, Atlanta, Georgia.

It appears that homeopathy, properly applied, gives at least as good results as does antitoxine.—Dr. Garrison.

A characteristic symptom is one that is peculiar to one drug and not found in the pathogenetic effect of other drugs, and also one that must be verified in repeated provers and not characteristic of some individual alone.—Dr. George G. Shelton, New York.

I wish to emphasize the statement * * * that there should be a pathological basis for our symptomatology. This is necessary for a full and comprehensive understanding of the pathogenesis of our remedies. This has not been sufficiently recognized heretofore, but it must be if we wish to be more scientific therapeutists.—Dr. H. M. Dearborn.

American Institute of Homeopathy.

TO all who intend to attend the meeting of the Institute at Atlantic City during the week ending June 24th, the following instructions may not be out of place.

A reduction of fare and one-third, on the certificate plan, has been secured for those attending the meeting, and tickets can be bought any day from June 15th to 21st inclusive. Be sure that when purchasing your going ticket you request a certificate, not

a receipt. Full fare is paid for the going ticket, the reduction being made on the return ticket, but the certificate, given to the passenger by the ticket agent at the starting point, must be had and signed by the chairman of the Transportation Committee, and by the special agent of the Trunk Line Association before it will be accepted at the ticket office to procure the reduction.

Certificates are not kept at all stations. If, however, the ticket agent at a local station is not supplied with certificates and through tickets to the place of meeting, he will inform you at what station they can be had and sell you a local ticket to that point, in which case you are to take a receipt from him for the money paid for the local ticket, so that you may get the reduction all the way to your home station. Get your certificate with the through ticket.

Certificates should be handed to Dr. J. B. Garrison as soon as possible after reaching Atlantic City, so that he may have them signed by the agent of the Trunk Line Association, ready for use when you need them.

No refund of fare will be made on account of any person failing to obtain a certificate.

The certificates are good for return not later than June 28th and by the same route you came.

Where the time limit for reaching the meeting exceeds three days, the authorized time limit will govern the selling of tickets for the going trip.

Notes and Personals.

Prof. Charles Gatchell gave the Doctorate Address at the Commencement of the Chicago Homeopathic Medical College.

Dr. I. N. Danforth has resigned as Dean of the Northwestern University Woman's Medical School, and has been elected Dean Emeritus.

There will shortly issue from the press a little treatise on the Relation of Antitoxin to Homeopathy. Dr. Baruch is the author.

Dr. A. K. Crawford, who removed from Chicago some weeks ago, has located in Oakland, California. His office and residence are at 772 Twelfth Street.

Dr. A. F. McKay has removed from Chicago to Colorado Springs, and has taken office with Dr. W. C. Allen. Upon his return from California, Dr. Allen begins the publication of a semi-professional monthly: "Family Medical Extract."

The International Homeopathic Congress will be held in Paris next year, and the language will be French.

The Ladies' Hahnemann Monument Association is working with great energy to complete the Hahnemann Monument Fund. During the war with Spain the work came to a standstill but it is now being prosecuted with more vigor than ever. The appeal is urgent that every homeopathic physician who has not already contributed give at least a small amount for this praiseworthy cause.

The Homeopathic Hospital Association of Southern California has several thousand dollars' worth of real estate in Los Angeles. It is to be hoped the way may soon open to erect a hospital somewhere in the southern part of that great state.

Dr. Ellen J. Wetlaufer returned last night from Greeley, where she had been as a delegate to the Woman's Missionary Society of the Presbytery of Boulder, of which the Woman's Missionary Society of the Presbyterian Church of Cheyenne is an auxiliary. The doctor has not only taken her place in Cheyenne as an efficient physician, but as an all-around woman as well.—"Cheyenne Daily Sun-Leader," April 21.

Dr. Eug. Storke, who has made such a success in literature, is visiting the city. The doctor was formerly associated with us upon the *CRITIQUE*. Writing comes natural to him as all those who have had the pleasure of reading his first book, entitled, "Mr. De Lacey's Double," can attest. The rapid sale of the first edition, necessitating a second, bespeak a brilliant future for him.

Drs. H. V. Halbert and W. E. Taylor have been added to the editorial committee of "The Clinique."

The Supreme Court of the United States has recently rendered a decision in the case of Dr. Benj. W. Hawken, of New York, (who in 1878 was convicted and sentenced to imprisonment of ten years for producing criminal abortion). On attempting to resume practice after expiration of his term of imprisonment, he was arrested and tried, and the supreme court has decided that he was not a person of good moral character, and hence could not practice.

Dr. A. C. Stewart, of 30 Irvington Place, has just returned from Chicago, where he has been taking a post graduate course.

Mrs. Hannah W. Clark, of Elkhart, Indiana, through her generosity, has established the first Homeopathic hospital in that State. Denver has no less a friend in Mrs. Emma A. Arbuckle, who loaned us the first \$10,000, assuring the erection of the Denver Homeopathic Hospital, also furnishing one of the handsomest rooms in the institution, and helping in many ways to make the hospital such a success. God bless the women.

Dr. O. S. Runnels, of Indianapolis, made a grand record for homeopathy at Camp Mount, near Indianapolis. He treated, homoeopathically, 415 patients with a death rate of but 1 4-10 per cent. Still the old school will not admit that there is anything in homoeopathy.

The endowment fund of Hahnemann Hospital, Chicago, has just received a bequest of \$35,000.

Dr. W. C. Allen, of Colorado Springs, has two patients in the Denver Homeopathic Hospital. Upon one he operated for vesico vaginal fistula; on the second one he performed trachelorraphy. He was assisted in both cases by Drs. Smythe and Anderson.

Dr. E. C. Morton has located at Sedalia, Mo., where THE CRITIQUE wishes him success.

Books and Periodicals.

A PRACTICE OF MEDICINE, by H. R. Arndt, M. D., formerly Professor of Materia Medica and Therapeutics, and Clinical Professor of Nervous Diseases, Homeopathic Medical College, University of Michigan; Editor-in-Chief of Arndt's System of Medicine; Editor of the Pacific Coast Journal of Homeopathy, etc., etc. Pages 1331. Half Morocco \$8.00 net.—Boericke & Tafel, Philadelphia, Pa.

This is the latest large work on Practice in the Homeopathic School, and scarcely too much can be said in its praise. It is thoroughly complete, eminently practical and admirable in its arrangement. The whole work is divided into nine parts as follows:

Part I—Specific Infectious Diseases.

Part II—Constitutional Diseases.

- Part III.—Diseases of the Nervous System.
- Part IV.—Diseases of the Muscles.
- Part V.—Intoxications, Heart-Exhaustion, Obesity.
- Part VI.—Diseases of the Digestive Organs.
- Part VII.—Diseases of the Respiratory System.
- Part VIII.—Diseases of the Organs of Circulation.
- Part IX.—Diseases of the Blood and Ductless Glands.
- Part X.—Diseases of the Kidneys and Bladder.
- Part XI.—Diseases due to Animal Parasites.

The first article, Typhoid Fever, covers 21 pages, and is considered under the following heads, printed in black-faced type: Description and Causation, Symptomatology, Special Symptoms, Fever, Gastro-Intestinal Symptoms, The Rash, Varieties and Relapse, Morbid Anatomy, Diagnosis, Prognosis and Treatment, the last being considered under the sub-heads, Prophylaxis, General Management, and Therapeutics. Other prominent diseases are classified in a similar manner, as each requires.

The author duly recognizes the results of the latest researches into the causation and pathology of disease, and is in full harmony with the principals of Theory and Practice as believed in by our School. The work is most worthy the hearty approval of Homeopathic physicians everywhere, and will doubtless be the standard text-book for practitioners and colleges for many years to come.

That it emanates from the publishing house of Boericke & Tafel, Philadelphia, is full and sufficient guarantee that the print and the binding are the very best.

B.

MEDICAL DEBATES is the name of the newest journal out. No. 1, Volume 1, May, 1890, is on our table. It is a bright, clean looking little journal of 24 pages, published by W. A. Chatterton, and edited by William B. Clarke, M. D. Medical Debates is the official representative of the American Health Resort Association, and will furnish information about climates, mineral waters, resorts, etc., etc. We wish it great success.

AN EPITOME OF THE HISTORY OF MEDICINE.—By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second Edition. Illustrated with Portraits and other engravings. $6\frac{1}{2} \times 9\frac{1}{2}$ inches. Pages xiv-370. Extra Cloth, \$200 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

This is a carefully prepared work on the History of Medicine from the early days among the Hebrews and the Egyptians to the present time. The author makes three periods: (1) The Age

of Foundation; (2) The Age of Transition; and (3) The Age of Renovation. An account, sufficiently extended for all practical purposes, is given of the various systems, theories and discoveries in medicine, as well as of the men themselves who have become famous in the profession.

The closing chapters are devoted to the History of Medicine in America, the History of Anesthesia, and an Epitome of the History of Dentistry, the very last chapter being devoted to what the author calls Iatrotheurgic Symbolism, meaning about the same as Medico-Christian Symbolism.

The work is destined to be generally approved by the profession.

B.

Late Literary News.

There has been so much reference to the recent cable news from Europe to the strong feeling in France against England, and so much significant allusion to the experiments which the French are making with submarine boats, that the question of possibility of a French military force ever crossing the English Channel becoming interesting, a writer in the April Cosmopolitan, "Quatre Etoiles" evidently a *nom de plume*—tells an ingenious story of the results of the consummation one hundred years later of that plan which was first conceived by Napoleon when he brought his army to the plains of Boulogne in 1804. When every detail of the plan had been successfully prepared, a great *fête* on the cliffs of Boulogne brings the Channel Squadron and the Prince of Wales to join in the ceremony. Insult intentionally and suddenly given by the President of the French republic, leads to an immediate declaration of war. The English fleet, unsuspecting of real danger, moves to engage the battle-ships and cruisers of the French, which merely serve as a decoy for their more than one thousand submarine vessels. How these latter accomplish their deadly work is told in a startling way. Then follows the invasion of England by three hundred thousand French troops, all in accordance with plans carefully arranged in advance—an invasion which takes place so quickly that the French battle-ships and transports are landing men at Sandgate almost before the Foreign Office knows of the declaration of hostilities; then follows the occupation of London, et cetera. This class of speculation, while improbable, nevertheless has some interesting points in view of existing complications. The subject is evidently handled by some one familiar with the details involved. The *nom de plume* would seem to indicate a French officer.

Things to Remember.

That Panopepton is the best food during and following gripp; in acute diseases ; fevers, or any or all cases where there is deranged digestion. When other foods disgust the patient, Panopepton is agreeable to them. Try it.

Givens Sanitarium, through all the years, maintains its high standard. When having patients troubled with mental or nervous diseases, or cases addicted to opium or alcohol, remember Dr. Given is fixed to take care of, and cure such cases. Read his ad on fourth cover page.

That nine trains leave Chicago for the East between 8.30 A. M. and 10.30 A. M. If you take the Burlington Vestibuled Flyer which leaves Denver at 9.50 P. M. you reach Chicago in plenty of time to connect with any of these trains. It arrives at Chicago at 7.45 A. M. Chicago Special leaves Denver at 1.40 P. M. Arrives Chicago next evening 8.15 P. M. For further information write G. W. Valery, General Agent, 1039 Seventeenth Street, Denver, Colo.

Just keep the heart a-beatin' warm,
Be kind to every feller;
Look for the rainbows in the storm,
But—carry yer umbreller!

Be brave ter battle with the strife,
Be true when people doubt you;
Don't think that money's all in life,
But—carry some about you!

An' when it's time to shuffle off,
An' you have done yer mission,
Just put your trust in Providence,
An' call a good physician!

Atlanta Constitution.

That Bovinine is a tissue builder when given internally and applied externally in all kinds of plastic surgery. Try it. Where there has been destruction of tissue it stimulates and nourishes cell growth.

The "fin de siecle" physician or surgeon has only to order by mail or in person from J. Durbin D. & S. Supply Co. for any of his needs to have them supplied. 1508 Curtis St.

H. F. McCrea, corner Seventeenth and Champa Streets, keeps a complete line of Halsey Bros.' Chicago Homeopathic Supplies. Also keeps a full line of druggists' goods.

The McIntosh Battery and Optical Co. manufacture the best batteries in the world, and all kinds of rubber goods and electrical apparatus. 521 Wabash Avenue, Chicago, Ills.

Parke, Davis & Co., manufacturing chemists, keep everything old and new in the drug line. Saw Palmetto, for all kinds of urinary and bladder troubles, is almost a specific. Read their ad. on page vi.

We speak whereof we know when we say that it will pay our readers to patronize our printer, John Dove, at 1523 Curtis Street His work cannot be excelled, and his prices are very reasonable.

F. Steinhauer is Boericke and Tafel's representative in Denver, and carries a complete line of Homeopathic medicines. Unfermented Grape Juice, absolutely pure. Charles Block, cor. 15th and Curtis Sts.

The Rio Grande R. R. has made a record for itself and Colorado. It takes you to the finest scenery in the United States. Along this line are also many summer resorts. The best fishing, scenery and pleasure obtained by taking the Rio Grand. S. K. Hooper will furnish you with all needed information. Denver, Colo., cor. Seventeenth and Stout Streets.

That the Homeopathic Hospital is the most beautifully situated hospital in the City. Facing one of the many triangular parks on Park Avenue and Humboldt Street. It will well repay a visit to it by every citizen of the State.

Use of Normal Saline Solution.—By DR. H. T. HANKS (*Am. Gyn. and Obst. Jour.*)

In all cases of loss of blood, sepsis after an operation, obstruction of the bowels due to lack of tone, or suppression of urine, the author advises the use of intravenous injections of normal saline solutions. A simple method of preparing the solution is a teaspoonful of common salt in a pint of pure water, boiled for half an hour and filtered through a sterilized towel, placed in bottles corked with cotton wool. A two-quart bottle containing this solution kept at a temperature of about 115 F. To complete the apparatus, rubber tubing, stop-cock and propointed aspirating needle are required.

Opening of the Excursion Season, 1899.

On May 15th the summer excursion rates will become effective. On this date "The Colorado Road" will place in effect extremely low round trip rates from Denver to the resort points in the state. The city ticket office of this line is located at 17th and Curtis, where full information can be obtained.

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No. 6

*Tuberculosis Abdominalis.

By D. A. Foote, M. D., President Nebraska State Homeopathic Medical Society.

IT is a very startling declaration that two-thirds of mankind are infected with tuberculosis, and that one-third of the human race succumbs to some form of this infection. Such, however, are the statements of eminent pathologists. That the mortality of the United States is much lighter than elsewhere, is largely due to the fact that our newer civilization has not yet become infected as the pent-up countries of the old world with their crowded populations. Yet fourteen per cent. of the deaths in our country are caused by this malignant and active bacillus.

The general subject of Tuberculosis, then, becomes a most practical and interesting study. The fact that it is largely a surgical disease and demands so often surgical measures for repelling its invasion, places it in the Bureau of Surgery for discussion. In fact, if we place so-called antiseptic medicines in the category of surgical measures, then the surgeon can always claim jurisdiction in the treatment of tuberculosis whether found in the lungs, skin, mucous or serous membranes, joints, bones or glands. The fact is that the surgeon has more to do with this disease to-day, than the physicians. But we are all physicians and surgeons, bestowing more attention upon some department of our work than on others.

There are two factors which make tuberculosis possible. First: Predisposing debility, congenital or acquired. Second:

*Read before the Nebraska State Homeopathic Medical Society, May, 1899.

Exposure to the specific germs. These two factors combined render infection possible and very probable.

Prevention must come, then, by disposing of these two factors. Debility must give way to vitality, and the infectious germs must be destroyed. These are some of the problems which confront our profession to-day.

Cure of the disease is along the same lines. There must be increase of vitality in the patient; prevention of secondary infection, or septicaemia; and destruction of the bacilli.

Before getting away from these general grounds and passing to my special subject, let us glance at two remedies which belong to two different schools of medicine, viz., Koch's Tuberculin, of the old school, and the Homeopathic nosode, Tuberculinum, which ante-dates Koch's discovery by more than a decade. Koch's Tuberculin is one of the products of that eminent bacterologists' discoveries, which, as a remedial agent, was overestimated when first given to the world. But it is hardly possible to overestimate the amount of patient and skillful labor which this man has performed to his lasting renown. Irrespective of school, we honor this brilliant man.

How do Tuberculin and Tuberculinum, or Bacillinum, differ as to constituent materials?

Without going into the details of preparation, tuberculin is the extract of dead tubercle bacilli—a somewhat impure extract, containing, however, the properties of no other germs. Tuberculinum, of the Homeopathic school, is the extract of dead lung tissue infected by the tubercle bacillus. A portion of an infected lung is triturated in alcohol, the resulting extract being a compound of bacilli, debris, ptomaines, tubercles, etc. The one is a laboratory product, the other is a natural infection.

Therapeutically considered, the remedies differ more widely. Tuberculin has established itself chiefly of value in diagnosis. It has been disappointing in curing tuberculosis.

Concerning Tuberculinum, there is much testimony among our practitioners in its favor. In the American Year Book of Medicine and Surgery for 1899, four different authorities of the old school speak in terms of great praise as to the efficiency of

the Homeopathic preparation, which they are careful, however, to call extract of tubercular lung, and totally ignore all the experience of our school with the identical remedy.

I have said so much in a general way, hoping to draw out a full discussion of tuberculosis and its remedies.

In June, 1898, a patient was sent to me by an Iowa physician of especial skill in diagnosis, with the hint that he was at sea as to diagnosis in this case, but suspected pregnancy or possibly a cystic tumor.

The history of the case is as follows:—Miss A., age 22, family history good; health previous to present trouble, good; has always lived on a farm and has done her share of the household work. During the summer of 1897 she had some menstrual irregularity, but nothing serious. But in December she had a severe attack, which was not well reported to me, but seems to have been accompanied by a chill, high fever and considerable abdominal tenderness, with bloating, as she described it, which persisted up to the time of her consulting me. This permanent enlargement of the abdomen was very noticeable, and it had increased very rapidly during the time between December and June. There was but a very slight menstrual discharge after December, decreasing until there was complete amenorrhoea in March, April and May. Patient complained of no pain but was very weak. She had no other subjective symptoms of any special significance. The distention of her abdomen was similar to that of a six months pregnancy. Her breasts were somewhat tender. I examined the case as thoroughly as I could, but was unable to make a diagnosis. Fortunately the American Institute of Homeopathy convened two or three days after the case came in and I availed myself by consultation of the best skill this country affords. But not one ventured a diagnosis. Tubal pregnancy and Cystic tumor were mentioned most often, but there were difficulties in the diagnosis of either condition. The real condition was not once mentioned by anyone.

An exploratory incision was justifiable because of the rapid growth of the tumor and the increasing weakness of the patient. The uterus had been carefully sounded and the possibility of

intra-uterine pregnancy eliminated from the problem. Accordingly on June 27th, in the presence of a dozen or fifteen of the best surgeons in our school, (including such men as Wood, of Cleveland, Walton, Green, Briggs, Shears, Anderson and others) the abdomen was opened. The abdominal walls were rather thin. The opening disclosed a thickened omentum, the mesenteric glands greatly enlarged, the entire abdominal contents densely adherent, and the possibility of doing anything further was most plainly and painfully evident. There was scarcely any fluid present. A portion of the omentum and an enlarged mesenteric gland was detached from the mass for microscopical examination. A most unfavorable prognosis was unanimously given. The abdomen was closed without drainage. To me the case was entirely unique. I had never seen such an hypertrophied omentum or such a uniform enlargement of the mesentric glands. The general consensus of opinion was that we had a case of malignant trouble somewhere in the agglutinated contents of the abdomen as evidenced by the enlarged glands. The microscope revealed tuberculosis and settled the diagnosis. This was a most rare and obscure case. The patient was very low for the first week but rallied nicely, and after eight weeks' treatment in the hospital, returned to her home. The wound healed rapidly, having two or three small points of tubercular infection which persisted for six or eight months. The patient, after reaching home, gained rapidly in flesh, weighing eighteen pounds more than ever before in her life. While writing this paper, I was surprised to have the patient walk into my office, a plump, rosy-cheeked girl. She still holds her weight, having gained twenty-nine pounds; is doing her ordinary household work, and in her own language, "I do not feel bad in any way; I feel perfectly well." The abdomen is not quite reduced to normal size yet but is nearly so. I could discover no other pathological conditions. I do not believe that the opening of the abdomen was of any advantage excepting in making an otherwise impossible diagnosis. In this respect it was invaluable, and undoubtedly saved her life.

A modern authority says, "Tuberculosis of the peritoneal cavity is one of the most interesting and important affections the

gynecologist is called upon to treat; it is important on account of its frequency, as well as of the surprisingly successful results of surgical treatment."

Her treatment consisted of Calc. Carb., Manganese, Guaiacol, and such nutritive products as Bovine, Red-bone marrow, Haemaboloids with a liberal diet. Her menstrual functions were re-established six months after the operation, and have been natural since. I feel sure that with her increasing vitality, and the continuance of her treatment as outlined herein, she will completely recover her normal condition. I know that some will say that the simple opening of the abdomen had a beneficial effect; however, I doubt it, as I can see no possible reason for it. An intelligent and certain diagnosis paved the way to her recovery, and her remedies and special diet accomplished her recovery.

I will not call her cured, but report her condition for the first year's treatment.

In ordinary Miliary tubercular peritonitis it is more than probable that the simple opening of the abdominal cavity does bring about a change in the peritoneum, which seems to be curative. In the case just described, however, the peritoneum was so adherent to the agglutinated contents of the abdomen that most of the reasons assigned for cure are set aside.

First: That the cure is due to chemical germicides used in flushing the abdominal cavity—not true in this case, for no flushing was employed.

Second: That recovery is due to drainage—not true, for no drainage was used.

Third: That it is due to exposure of the abdominal cavity to air and sunlight—not true, for the inner surface of the peritoneum was not exposed, only as dissected away from adhesions, an inch or so in extent.

Fourth: That the removal of ascitic fluid alters the blood circulation—there was no fluid, of any account, removed.

Fifth: Bacteria may be introduced which do good by producing a toxalbumin fatal to tubercle-bacilli—possible in my case, only most remotely, as the operation was made under strict aseptic

conditions and the wound healed by first intention, infected tubercular foci appearing only after a week or ten days.

Sixth: That the traumatism establishes fibrinous peritonitis, the bacilli become encapsuled and their growth arrested—the inner surface of the peritoneum was not exposed to traumatism.

Seventh: That the cure is owing to the advent of multitudes of leukocytes and hence results from phagocytosis—this would hardly apply to traumatism of the abdominal walls shut off from the peritoneal surface so effectively as occurred in this case.

Eighth: That the mere opening of the abdominal cavity brings about a physiological change in the peritoneum which makes it cease being proper soil for the growth—does not apply for reasons before stated.

I have given all the reasons which I could find to account for a cure in any case from operative measures, and find that they can scarcely apply to the particular case herein described. However, I believe that paragraphs three, six, seven, and eight do constitute, singly or together, sufficient grounds for a belief in the efficiency of abdominal section. The entire list of eight reasons for cure are probable in uncomplicated cases.

GENERAL MEDICINE.

Edited by W. A. BURR, M. D.

Notes on Dermatology.

Giant Urticaria.—Mr. W—, aged 26, single, clerk in a book store. Six years ago he was poisoned with ivy, and several times since came in contact with it, each time experiencing the usual symptoms from one to six weeks.

In May he became very ill with urticaria, the eruption appearing first on the legs with numerous edematous nodules, size of a pea to a hickory nut, mainly along the tibiæ. The wheals were very large, some of them over two inches in diameter, oval in shape, and in greatest number on the thighs and sides of the body, where they became confluent, forming patches in some places as large and larger than the crown of a hat, all a bright scarlet red and attended with intolerable itching, stinging and burning. The duration of each wheal was about three days, changing from a bright red to a dull yellow. The eruption lasted six or seven days, beginning on the extremities and ending on the upper part of the body, face and head. The scrotum became very much swollen, seemed filled with a thin fluid, was semi-translucent as in true hydrocele.

The disease was ushered in with a chill, followed by a fever, pleurodynia and a general headache. The hands and forearms were swollen to one-third more than the normal size, and the patient suffered tortures from the severe itching and stinging wherever the eruption appeared.

He had, previous to the attack, been well, had not come in contact with or been near any poisonous plant to his knowledge, neither was there any apparent derangement of the digestive system.

The application of dilute vinegar failed to give the usual re-

lief, but chloroform and cream, one-half dram to the ounce was used with satisfactory results.

Apis 3 x seemed to aggravate, but *belladonna* and *rhus tox* relieved the headache, subdued the fever and cut the disease short of its usual course.

Free enemas the fourth day brought away two balls of dark colored feces half the size of a hen's egg, which may have caused sufficient intestinal irritation to produce this unusual giant and nodular urticaria.

Unusual Pigmentation.—Dr. T. S. Turner of Binghamton, New York, reports a case of unusual pigmentation following the use of *ammonol* and *chloral hydrate* in a case of cholera morbus. As the symptoms of the cholera morbus subsided the body became suddenly a scarlet red color, which led the friends of the patient to believe it was a case of severe scarlet fever. The essential symptoms of this disease not being found upon examination, the diagnosis was uncertain.

Early the next morning the patient was found very low and failing fast, and instead of the white or scarlet woman of the day before, her face and neck and lips had become black and "the rest of the body was a deep bronze or mulatto color, excepting several spots about the elbow of the right arm and a large patch about the umbilicus, which were black. The urine was suppressed." Death soon followed.

The autopsy showed no rigor mortis, and the organs of the body, in the main, to be normal. The kidneys were enlarged, congested and indurated, and the spleen congested and greatly enlarged. Strange to say the supra renal capsules were not examined. The right heart was dilated, the walls having become very thin.

The previous history of the case showed that the patient had been anemic. The jury brought in the verdict that death was due to collapse following cholera morbus, and expressed the opinion that the sudden pigmentation was the result of disorganization of the blood; which is very probable.

Dr. Turner goes on to quote from the Reference Handbook

of the Medical Science as follows: "There are three kinds of pigmentation metamorphosis—the hematogenous, the biliary and the extraneous. The hematogenous pigmentation is believed to be due to a metamorphosis of the coloring matter in the blood. The hematin exists in the blood in combination with the albuminate, forming the important oxidizing agent of the red corpuscles, hemoglobin. Hemoglobin when set free by the destruction of the corpuscles dissolves in the plasma, and is readily separated into its component elements, and carried off in the circulation."

This interesting case is reported in full in the Transactions of the Homeopathic Medical Society of the State of New York, 1898. Dr. Geo. F. Laidlow, in the discussion of this case, tells of a patient of his who became rapidly discolored following "abdominal cramps, diarrhea and vomiting. In twelve hours purplish spots appeared on the chest and abdomen. Hemorrhages from the nose, eyes, bowels, kidneys and stomach followed and the patient seemed to turn black over the greater part of the body, and in 32 hours from the onset the man was dead."

(Dr. Laidlow's case was evidently one of purpura hemorrhagica with disorganization of the blood—W. A. B.)

Acne from Butter.—Miss H—, aged 20, of a light and fair complexion, has an unusually smooth skin; not a pimple or any roughness or discoloration had ever appeared on her face at any time.

Up to three years ago she ate no butter and but very little fats of any kind. A year ago she began the use of butter, of which she ate as much as the ordinary person. Three months ago a slight roughness of the skin on her cheeks and around her mouth would appear from time to time. Also a few small pimples appeared on her forehead along the margin of her hair which were no worse during menstruation.

Hydrastis 2 x was taken thrice a day for a few weeks and the pimples gradually disappeared.

A Colony of Lepers.—It is not generally known that there is a colony of lepers on the island of D'Aray near Vancouver's

Island, British Columbia. As yet the colony is small, but as the intercourse between nations and countries becomes more general the colony will grow from the increasing number of lepers that are sure to find their way to our borders. Drs. Ernest Hall and John Nelson have a description of this colony in *Dominion Medical Monthly*, and the article is printed in pamphlet form and sent out to the profession. The note of warning is thus sounded abroad, and it is to be hoped the proper international officers and medical authorities will see to it that this loathsome and intractable disease shall not be permitted to get any substantial foothold in our country.

Materia Medica.

[CONTINUED]

Characteristic Symptoms as presented by Prof. T. Bacmeister, in Hahnemann Medical College, Chicago, thirty years ago :

IPECACUANHA.

Acts on solar plexus. Very useful in diseases of the lungs.

1. Headache, as if the brain was bruised, extending down to the end of the tongue.
2. Vomiting, thirst, sweat and bad breath.
3. Cutting in bowels from right to left on every movement.
4. During hemorrhage they commence to breathe heavily.
5. Loses his breath with a cough ; turns pale in the face and stiffens.
6. Backache, short chill, long fever ; mostly heat with thirst, headache and nausea.

Nausea is the great indication for Ipecac.

VERATRUM ALBUM.

Acts very quickly and powerfully. Has a peculiar effect on the mind.

1. Disposed to talk about the faults of others ; or silent ; if irritated scolding or calling names.
2. Coldness on top of head as if from a piece of ice.
3. Heaviness of the head; neck feels too weak to hold it up.
4. Cold sweat on face, especially on forehead.
5. On rising the red face turns deadly pale ; (also in aconite).
6. Paralytic feeling in hip joint ; first in the left, then to the right.

Very useful in cholera.

CUPRUM.

Has a peculiar action on the brain.

1. Great mental prostration after exertion of the mind ; great bodily prostration after loss of sleep.
 2. Bites the spoon or cup.
 3. Drink passes down with a gurgling noise.
 4. Peculiar spasmodic motion of the abdominal muscles.
 5. Spasms followed by a heavy sleep.
- Excellent in cholera and convulsions.

LACHESIS.

1. Much talking with incoherency.
 2. Cannot put out the tongue but with difficulty ; and trembling of it.
 3. Sensation of lump in the throat which cannot be hawked up or swallowed.
 4. Great sensibility of throat to touch.
 5. Constipation with constant desire to evacuate.
 6. Pain increases slowly, and at discharge ceases suddenly.
 7. Cough always worse after sleeping.
 8. Worse after sleeping whatever be the disease.
 9. Swelling of the left ankle.
- Excellent in very dangerous cases.

CHINA.

Will cause blindness and even insanity.

1. Plans projects and schemes in the mind, preventing sleep.

2. Throbbing headache after hemorrhages.
 3. Thirst before and after chills and fever, but none during.
 4. Debilitating night sweats lasting till morning.
 5. Periodicity.
- Especially useful after hemorrhages.

COFFEA CRUDA.

Antidotes nearly all the narcotics (though Small says not poisonous doses of them). Resembles CHINA; stimulates and quickens the ideas.

1. Pain distracts so that patient does not know what to do with himself.
2. Severe toothache, relieved only by cold water in the mouth.
3. Abdomen feels as if it will burst.
4. Measley spots on the skin, with dry heat at night.

SULPHUR.

1. Inclined to philosophical and religious speculation.
2. He feels worse while standing.
3. Heat on top of head, with flushed face and cold feet.
4. Sick headache which weakens very much; apt to be periodical (Sunday).
5. Profuse secretion of tears while in the open air; while in a room eyes are dry.
6. Herpes across the nose, as a saddle. (*Sepia*).
7. In children, lips very red.
8. Painful feeling of looseness of teeth.
9. Tongue coated in the morning, but the coating goes off during the day.
10. Drinks much and eats little; aversion to meat.
11. Very hungry one or two hours before dinner-time. (This is a great indication for SULPHUR).
12. Complaints come on after eating, though it be a little.
13. Great painfulness of abdomen to contact.

14. Feeling as if a lump in abdomen; relieved by stooping or sitting bent.
 15. In children, green mucus with coughing.
 16. Diarrhea in morning drives him out of bed.
 17. Both the feces and urine are painful to the parts over which they flow.
 18. Burning in vagina so that she can scarcely sit.
 19. Hoarseness and roughness in chest, with much mucus in throat.
 20. A feeling of suffocation; wants the doors and windows open.
 21. Feeling of weakness in chest; wants to lie down.
 22. Frequent and violent palpitation; especially when going up stairs.
 23. He does not stand or walk erect, but stoops forward.
(This, with great hunger before dinner, indicates sulphur).
 24. Pains, weakness, cracking or swelling in one or more joints.
 25. Deadness of the fingers in the morning.
 26. Thick, red chillblains.
 27. Cramps in calves, and soles of feet.
 28. Heat in the soles of the feet.
 29. Standing is the most disagreeable position.
 30. Unsteady gait.
 31. Sleepy in daytime; wakeful at night.
 32. Hot flushes with peculiar faintness; followed by little sweat.
 33. Morning sweat; comes on after patient gets awake.
 34. After violent scratching, there is itching and numbness in the skin.
-

Adulterated Food.

Dr. H. W. Wiley, chief chemist of the U. S. department of agriculture in testifying before the Senatorial Pure Food Committee recently stated that fully 90 per cent of foods and drinks manufactured in this country are frauds.

Cream is abstracted from milk and adulterated with preservatives to prevent souring.

Butter is adulterated with cottonseed oil and lard.

Lard is adulterated with vegetable oils, and cottonseed oil is sold for olive oil.

Coffee is made by mixing molasses and flour and moulding the mixture into berries to look like coffee.

Seventy per cent. of the beer sold is innocent of pure malt, and nearly all the jellies as well as vinegar are largely adulterated.

"Genuine" maple sugar is made of brown sugar and extract of hickory bark, said to be about the same as maple in flavor.

Peanut shells are ground up and sold as cinnamon, and many of the spices are adulterated in some form.

Fish of a cheap grade are sold for a more expensive kind.

In European countries horseflesh is commonly used for food where it is labeled as beef.

Some of these adulterations are not injurious to health, but most of them are.

"Adulterated food and drink which are injurious to the public health, the witness said, could be classed in two groups—coloring and preserving. The coloring matter was used principally because it was pleasing to the eye and made the food palatable.

The matter which is used principally in restoring the color of green peas, the witness declared, sometimes was salts of zinc and sometimes salts of copper, either of which is poisonous and the use of which should not be permitted. Probably the chemical most used as a preservative, according to Dr. Wiley, is salicylic acid, which is made to a great extent from carbolic acid. It should not be permitted, he said, because it is very injurious especially to those who have weak stomachs. He ended his testimony by saying that no food offered for sale which contained preservatives was fit to eat.

SURGICAL DEPARTMENT.

Edited by J. WYLIE ANDERSON, M. D.

Under this department we will present short articles, clippings, cases and comments upon surgery. We invite the profession to help us make this the most interesting part of the CRITIQUE by sending short articles, report of cases occurring in their practice. Due credit will be given to all articles.

The leading article in this month's issue is upon "Tuberculosis Abdominalis" by Dr. D. A. Foot of Omaha, Neb., President of the Nebraska State Homeopathic Medical Society. The doctor is recognized as one of the brightest and most skillful surgeons of the west, and we hope to present you with articles from his pen often.

Gunshot Wounds.

N. Senn, M. D., in the *Journal of the American Medical Association*, says :

"1. In theory and practice military surgery is equivalent in every respect to emergency practice in civil life.

"2. The wounded soldier is entitled to the same degree of immunity against infection as persons in civil life suffering from similar injuries.

"3. The fate of the wounded rests in the hands of the one who applies the first dressing.

"4. The first dressing should be as simple as possible, including an antiseptic powder composed of boracic acid, 4 parts ; salicylic acid, 1 part ; a small compress of cotton, safety-pins, and a piece of gauze forty inches square.

"5. Any attempt to disinfect a wound on the battle field is impracticable.

"6. The first dressing stations and the field hospitals are the legitimate places where the work of the hospital corps and company bearer is to be revised and supplemented. All formal operations must be performed in the field hospitals, where the wounded can receive the full benefit of aseptic and antiseptic precautions.

"7. Probing for bullets on the battle-field must be absolutely prohibited.

"8. Elastic constriction for the arrest of hemorrhage must not be continued for more than four or six hours for fear of causing gangrene.

"9. The X-ray will prove a more valuable diagnostic resource than the probe in locating bullets lodged in the body.

"10. Gunshot wounds of the extremities must be treated upon the most conservative plan, the indications for primary amputation being limited to the cases in which injury of the soft parts, vessels, and nerves suspend or seriously threaten the nutrition of the limb below the seat of injury.

"11. Operative interference is indicated in all penetrating gunshot wounds of the skull.

"12. Gunshot wounds of the chest should be treated by hermetically sealing the wound under strictest aseptic precautions.

"13. Laparotomy for penetrating gunshot wounds of the abdomen is indicated in all cases where life is threatened by hemorrhage of visceral wounds, and the general condition of the patient is such as to sustain the expectation that he will survive the immediate effects of the operation."

A New Anaesthetic.

Dr. Willy Meyer (*Med. Record*) suggests a new anaesthetic based on the Schleich principle but discarding the use of the petrolic ether. In a communication in April last he advocated a molecular solution of chloroform and ether, 43.25 per cent.

chloroform and 56.75 per cent. ether, by volume, which he called "M. S." This was very satisfactory in its effects but its boiling point (125.6° F.) was too high. Of late he has succeeded, through the assistance of Dr. Weidig, in obtaining a solution with ethyl chloride which has proved very satisfactory in its action, and has a boiling point of 107.6° F. This is a clear, transparent fluid, with agreeable odor, and a specific gravity of 1.045. It is, moreover, a "solution of components" and remains such throughout evaporation, in which it differs greatly from the Schleich mixture where chloroform remains after the ether is evaporated. This preparation causes little stomach disturbance; and there is no struggling during administration; patients are easily brought under the influence of the anæsthetic and also wake up rapidly. It seems to have no harmful effects on the lungs or kidneys.

The Denver Homeopathic Hospital is at this writing nearly full, every case being surgical. One thing this hospital has demonstrated to the public is that homeopathic physicians do surgical work and make a better showing than our friends, the allopaths, reducing the death rate over 50 per cent. over any figures obtainable from any of their hospitals. Why do they withhold the figures from all the hospitals except the county hospital?

Controlling Hemorrhage from Femoral Artery.

The *American Journal of the Medical Sciences*, quoting Thomas in the *Lancet*, details the following method of controlling hemorrhage from the femoral artery during disarticulation of the hip or other procedures.

"The common femoral artery and vein were temporarily compressed immediately below Poupart's ligament. At this point the artery is quite superficial and easily felt, and is well above the origin of the deep femoral. The femoral pulse being felt, he made a stab-puncture in the skin, one about an inch out-

side the pulse and the other about two inches to its inner side—i. e., immediately below the pubic spine. An aneurism needle was pushed from one stab puncture well behind the artery and vein to the other stab-puncture, and two long, thick, silk ligatures were carried back when it was withdrawn. A roll of compressible material was placed over the artery and the two ligatures tied separately over it, after the limb had been elevated for a sufficient length of time to empty it of blood. The knots are not firmly fastened at first; a surgeon's knot is used, held by haemostats, so that they can be readily made tighter if it is found necessary.

The same result can be attained by making one puncture and pushing one blade of a Dayen's broad ligament forceps beneath the vessels, and then clamping them, but this requires an extra instrument and is not available in an emergency."

Electrolysis.

The personal experience and observation of the writer, extending over several years, have led him to the following conclusions: First, currents strong enough to be effective are often excessively painful and therefore intolerable; second, the agent in a limited number of selected cases of intramural tumors is capable of giving more or less relief from the symptoms of hemorrhage and pain; third, appreciable and permanent reduction in the size of the tumor is an unusual result; fourth, disappearance of the tumor as a result of electrolysis seldom occurs. In one case the writer observed the disappearance of an intramural leiomyoma after about twenty electrolytic treatments, the current varying from one hundred to two hundred and forty-two milliamperes. The cure in this case may, however, have been due to the menopause, which was coincident with the treatment. The observations of Vineberg upon the statistics of Keith, Engelmann, Gautier and other eminent electro-therapeutists, show three hundred and seventy-two cases with nine cures and five deaths—an excessive mortality when contrasted with the limited

number of cures. Galvano-puncture and electrolysis in fibro-cysts are strongly condemned. The earlier promises of the enthusiastic supporters of electrolysis have not been fulfilled. Its immediate dangers also are considerable. The survival of the electrical method depends chiefly upon the patient's ignorance of its inadequacy and dangers, upon her worship of the mysterious, upon an unreasoning dread of operative measures, and upon a desire to grasp any other promising means of relief.—(E. C. Dudley's work on Gynecology.)

Operative Cure of Inguinal Hernia in Men.

By Dr. E. T. Ferguson (*Med Rec.*)

The author estimates that there are four million people in this country suffering from hernia, and that each case incurs a certain risk from strangulation in addition to the inevitable discomforts of truss wearing. In view of these facts, and the diminished risk attending herniotomy, operations are now frequently justifiable.

He reviews at considerable length the older operations which lead up to our present success, and decides that the four following considerations are essential: 1st. "Parts of identical structure must be coaptated by an amount of surface to equal or exceed the normal thickness of the tissues. 2d. They must be maintained in apposition a sufficient time to allow the preliminary stages of repair to pass over into a thorough blending of the parts. 3d. The material used to secure coaptation must be so applied as to retain the parts without disturbing the nutrition and not interfere with the repair. 4th. Septic processes must be prevented, for they imperil and usually prevent a normal union, and in the case of hernia, if related to the deep structures, are usually followed by a recurrence of the descent of the bowel or omentum.

All of these requisites he feels can be fulfilled by the operation extensively known as the Bassini, but he believes that this procedure should be credited to Dr. Marcy of Boston, instead of the Italian operator.

Urinalysis.

Hugo Qumma (*St. Louis Med. Gaz.*) lays down the following principles concerning urinalysis in practice:

1. Every treatment should be preceded by urinalysis.
2. When, in the course of treatment, specifics are used, urinalysis is required repeatedly.
3. When convalescence is reached, and before the patient is dismissed, urinalysis is absolutely necessary.
4. The treatment of the various forms of nephritis, especially those most commonly associated with uremia, require urinalysis, partly to prevent uremic attacks, partly to control the therapeutic measures.
5. In all chronic cases the determination of nitrogen secreted is necessary from time to time, in order to investigate the nitrogen-balance.
6. All operative procedures in which anesthetics are used require urinalysis, not only for nephritis or diabetes, but also for "temporary insufficiency of kidneys."

A Quick Way of Reducing Percentages.

For some years past I have been teaching my class in The Detroit College of Medicine the following rules for the quick reduction of high percentage solutions to apothecaries' measures:

Rule 1. Call the numerator of the fraction one grain.

Rule 2. Double the first figure of the denominator and call this ounces. This will then give almost mathematically correct reductions.

Thus: 1 to 1,000 would be 1 grain to 2 ounces; 1 to 2,000 would be 1 grain to 4 ounces; 1 to 3,000 would be 1 grain to 6 ounces; 1 to 4,000 would be 1 grain to 8 ounces; 1 to 5,000 would be 1 grain to 10 ounces, and so on.

If you wanted 1 to 500, this would be 1 grain to 1 ounce—there being 480 (500) grains or minims to the ounce.

One to 100 would be 5 grains to 1 ounce.

By committing these two simple rules to memory, an instantaneous reduction for any percentage mixture can be made to the apothecary's basis.

C. HENRI LEONARD, M. D.

Flat Foot.

Clarke in Lancet, April 23d, '98, gives the following points : Have soles sufficiently wide anteriorly for the toes. Boots have pads of vulcanized rubber so formed that the highest point is in front of the transverse tarsal joints. An outside leg-iron, jointed at the ankle and having an outside T strap is useful in some cases. Manual wrenchings, douchings and suitable exercise may be used in proper cases. Rising on tip-toe a certain number of times in succession ; walking for a short time daily on the outer border of the foot. Flat foot from rickets requires complete rest.

—CARL E. BLACK, M. D., *Med. Fortnightly*.

Gynecology and Abdominal Surgery

Edited by S. S. SMYTHE, M. D.

A New Treatment For Prolapsus Uteri.

Doctor J. Inglis Parsons, in the *New York Lancet*, (May, 1899), proposes a new treatment for prolapsus uteri and procidentia, and gives notes of ten successful cases. Briefly stated the treatment consists in the injection of 30 to 40 minims of a solution of quinine (15 grains to a drachm) into the cellular tissue of the broad ligament, with a view to producing congestion and the effusion of lymph in sufficient quantity to shorten and immobilize the ligaments, and thereby support the uterus in its normal position.

The following excerpts from the doctor's paper well be found interesting and instructive :

"**THE OPERATION.**—The patient is placed in the lithotomy position. The vagina is thoroughly douched and rendered as much aseptic as possible. The perineum is then retracted with Auvard's or Sims' speculum. A retractor is used to hold up the anterior wall of vagina, if necessary. The lateral walls are thus exposed. The uterus is held in one hand as nearly as possible in its normal position by a probe passed into its interior. With the other hand the injections are made on each side through the vaginal wall into both broad ligaments on a level with the external os, and from three quarters of an inch to one inch from the junction of the vagina to the cervix. After the syringe and speculum have been withdrawn, it is necessary to keep the uterus up with a cup and stem pessary held in position by four tapes tied around the waist. This is left in position for three or four days and is then removed. A special syringe with a long, thin nozzle is a great convenience, because it does not obstruct the light and it enables the operator to see the needle point pierce the vaginal wall at the right point. The needle should not be more

than one inch in length, or much thicker than a hypodermic needle, in order that the puncture may close quickly." * * *

"REMARKS.—In all these prolapse had existed for years, and in case ten actual precedentia for twenty-five years. All other treatment having been tried without success, they may be considered as good test cases, and much worse than the average woman with prolapse, condemned to wear a pessary for the term of her natural life. In most of the cases an anesthetic was given. As the operation does not take more than five or ten minutes, it is not necessary but preferable. In lieu of that, two tampons soaked in a 20 per cent. solution of cocaine placed one in each fornix for a few minutes prevented the insertion of the needle from being felt. When the quinine solution was injected it sometimes caused no pain, in others slight pain.

The object of inserting a pessary for a few days after the operation is to make sure that when the effusion does take place it will hold the uterus in a good and not a bad position. After the operation most of the patients have no pain. There is slight aching in the pelvis for a day or two. At the end of a few days the pessary is removed. On examination it is then found that the uterus is held up, and when the patient strains as much as possible no prolapse occurs. In both fornices some effusion in the broad ligaments can be felt with a little tenderness. The swelling is not hard like a parametritis, nor is it at all extensive, but feels more like a band in most cases, passing from the uterus to the wall of the pelvis. It is firm and resilient. The uterus is held in position not fixed; but still it has mobility" * * *

"The number of injections must be proportional to the exigencies of the case. Sometimes very little may be sufficient to restore the balance; in others, as in case No 10, where the precedentia had existed for twenty-five years, and where the perineum had given way altogether, a great deal of strengthening may be necessary to do their own work as well as that of the pelvic floor. Nearly all these patients might have got up at the end of a week so far as the operation was concerned; but the object in view was to obtain organization of the lymph so as to give permanent support in the broad ligaments."

SOME ESSENTIALS IN APPENDICITIS OPERATIONS.—Dr. Robert T. Morris in discussing this subject, makes emphatic the following points, to which we call the special attention of our readers. Our experience in abdominal work long since taught us the fallacy of using gauze packing in the abdomen.

"Do not use gauze packing. Its presence prolongs the condition of shock. It causes excessive exudation of lymph. It sometimes causes mechanical obstruction of bowel. The patient is hurt when the packing is removed. Gauze packed patients do not resist septic infection well. The liability to post-operative ventral hernia is greatly increased by gauze-packing because it is difficult to properly approximate the margins of different muscular places in cases in which it is employed. Gauze packing does not drain well; it causes a tendency to post-operative adhesion-complications; and it is from almost all points of view far worse than useless. A tiny gauze wick drain, surrounded by gutta percha tissue that will not adhere to peritoneum, and that will allow nice suturing of structures, is the proper thing to use in the few cases requiring drainage.

"Above all things avoid the use iodoform gauze packing. The peritoneum absorbs iodoform with great facility, and we have iodoform poisoning added to the injurious effects of gauze packing. Iodoform poisoning is usually called "septicemia," or "exhaustion," and it causes many deaths at the hands of operators who have not learned of its dangers. In cases of "septicemia," or "exhaustion," where iodoform gauze is in contact with peritoneum, pour a few drops of the patient's urine upon a pinch of calomel; stir them together with a splinter of wood, and note in what a proportion the yellow reaction appears, due to the formation of iodide of mercury, from the iodine that is being excreted by the kidneys.

"Avoid the use of strips of gauze distributed in various directions among loops of bowel for drainage. The gauze is quickly flocked with lymph, it adheres to the peritoneum, and when it is removed adhesion-angulation of bowel may be produced. Trust a small, gutta-percha covered wick-drain to do all of the necessary drainage.

"Do not use temporary gauze-packing to protect the peritoneum from pus when an appendical abscess is to be opened. Let pus flow over peritoneum as fast and as freely as it will. The steps taken to protect the peritoneum call for unnecessarily long incisions; unnecessary manipulation of structures; unnecessarily protracted operations.

"Do not fail to remove the appendix unless the patient's condition is so desperate that the quickest possible operation must be done.

"Destroy pus as fast as it appears with hydrogen dioxide and wash away the debris with normal saline solution.

"Depend upon high rectal enemata of Epsom salts to relieve symptoms of sepsis after operation.

"Stretch the sphincter ani, or introduce a gas tube, or do both, in order to allow free escape of gas from the bowel after operation. The expulsive effort is distressing otherwise.

"Avoid the use of opium before and after operation in appendicitis cases."

FOREIGN BODIES IN THE APPENDIX.—Dr. James F. Mitchell has been investigating the matter of foreign bodies in the appendix, the results being given in a paper in *Bulletin of Johns Hopkins Hospital*, March, 1899. He has collected 1,400 cases during the last ten years, and finds that about 7 per cent. contain true foreign bodies, while in 700 of these cases, in which a definite statement was made as to the nature of the foreign body, 45 per cent. were fecal concretions. He considers the subject with especial reference to pointed bodies, and finds that pins are the most conspicuous found and by no means uncommon, the appendix seeming to act as a trap for pointed bodies and objects like shot or bullets. Foreign bodies are, however, known to play a much smaller role than that formerly accredited to them in appendicitis. Cherry stones, grape seeds, etc., are rarely found.

TREATMENT OF FLOATING KIDNEY.—Dr. Nicholas Senn, in discussing this subject says (*American Journal of Gynecology and Obstetrics*):

"Surgeons have become fully convinced, in consequence of experimentation as well as of clinical observation, that the old standpoint taken years ago, that the capsule of the kidney does not possess intrinsic reparative powers, is no longer tenable. He believes that no matter what kind of suturing is done for the purpose of holding the kidney in place, whether it be sutured to the rib or lumbar fascia, the kidney will break away—the sutures will never hold for any length of time. He has, therefore, abandoned for a long time the use of sutures, and has every reason to be pleased with the change. He relies exclusively on the intrinsic power of the capsule of the kidney to produce firm, reliable, permanent parietal adhesions. The operation now performed has, without exception, yielded satisfactory results in which he has deemed the operation indicated. The operation is this: Expose the kidney by making Simon's incision to remove the adipose capsule; then expose the whole posterior surface of the kidney; then grasp the lower pole, bring it well into the upper angle of the wound, strip away the adipose capsule as far as the hilus of the kidney, anchor it there with a suture or two and pack the wound with gauze, and rely on Nature's resources in the permanency of the adhesions thus formed to hold the organ permanently in place."

CONSERVATIVE SURGERY OF THE OVARY—In an interesting discussion on "The Conservative Surgery of the Ovary" (*London Lancet*, August 27, 1898), Martin remarks that the physiologic value of the ovaries may be best realized by noting the results of complete extirpation of both glands: (a) The woman becomes absolutely sterile; (b) menstruation ceases in about 95 per cent. of the cases; (c) the uterus, and to a less extent the vagina and vulva, undergo a process of atrophy; (d) the nervous symptoms of the menopause appear abruptly and violently; (e) in a considerable majority of cases there is a diminution or total abolition of the sexual instincts; (f) the patient has a tendency to obesity. Now, if one ovary, or even only a portion of one ovary, be left behind, none of the symptoms appear. There is physiologically no difference between a woman with half an

ovary and a woman with two ovaries, while there is much difference between a woman with half an ovary and a woman with none. In ordinary cystoma of one ovary, the other ovary being healthy, it is unjustifiable to remove both ovaries. In sarcoma of one ovary both organs should be removed. In inflammatory disease of one uterine appendage both ovaries should not be removed. In double pyosalpinx Martin removes the uterus as well as the appendages. In chronic ovaritis he believes in trying the conservative operation of ignipuncture. He urges a fair and unbiased trial of conservative surgery of the ovary.—*American Journal of Surgery and Gynecology*.

THE CRITIQUE.

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EDITORIAL.

Venereal Diseases.

The North American Journal of Homeopathy (May, 1899), says :

"Dr. Hauxhurst, of Bay City, Michigan, suggests that venereal diseases be placed in the list of contagious diseases to be reported to boards of health. Then he would have each victim of such disease notified by the proper official of the law, relative to contagious diseases. A suitable punishment should be provided for anyone communicating to another person such disease. At first sight, this idea seems somewhat startling, but the reasons for it offered by Dr. Hauxhurst are sound.

He says, "The law relative to health matters is conspicuously inconsistent in its failure to attack contagious diseases in their greatest stronghold. * * * Syphilis and gonorrhœa are contagious, infectious, and communicable. They are dangerous to the public health and a menace to human happiness. They infect, to a greater or less extent, a considerable percentage of the people of all nations and tribes on the globe. * * * Syphilis is a transmissible disease, and it, therefore, carries with it a sting and a taint for the innocent and blameless babe yet unborn."

Moreover, it is known that syphilis and gonorrhœa are each due to a specific poison. Each case of either disease originates in some preceding case and in no other way. The conclusion is

obvious. If we could prevent its communication or transmission it would cease to exist. Dr. Hauxhurst's idea, although probably not feasible, is correct. * * * *

Dr. Hauxhurst's proposed method of classing all venereal with other communicable diseases, and having such reported, is advanced with the idea of lessening these troubles. It would seem as though such a plan would be of greater benefit to the community at large than the licensing of prostitution, or than any other legal method so far suggested. It would give to the man some due share of shame and humiliation, and would render more difficult the concealment of these obnoxious diseases. It is not likely the proposed plan will be adopted."

The editor of the *North American* seems to treat this suggestion as quite original with Dr. Hauxhurst, which reminds us that two years ago in THE CRITIQUE for June, 1897, when discussing the question of classing tuberculosis with contagious diseases by boards of health, we called professional attention to this subject in the following language:

If we have arrived at the placarding era in the management of constitutional diseases, let us insist on having the first experiments made in diseases of undoubted contagiousness. Take for example, Syphilis, a disease in which no doubt exists as to its contagious character. It is acknowledged by all to be the greatest scourge that ever afflicted the human race. Placarding could here be applied with telling effect upon the health and morals of any community. It will afford an excellent opportunity for a real, live, up-to date health commissioner to exert his unexpended energy where he would not only win fame and renown, but where he would be sure of the unanimous support of a grateful public. As a restraining influence, placarding would here become one of the most efficacious measures ever conceived by the mind of man. Require physicians to report every man, woman and child known to have syphilis. As a protection to both the wary and the unwary, placard every establishment in which the disease might be contracted. As

our health officials are supposed to have an eye single to the protection of all the people, we hope they will seriously consider this suggestion, which would certainly prove a successful restrictive measure against one of the greatest evils of the age.

Hoch der Quine.

Dr. William E. Quine, of Chicago, has again broken loose on the subject of Homeopathy, and this, his latest effort, is running as a continued story in *The Journal of the American Medical Association*.

"Gee Whiz!" says Quine, "Charity suffereth long and is kind;" and so say all of us who may, by chance, be obliged to read his astigmatic hallucinations about homeopathy.

"Gall" does not adequately describe this effusion of our old friend; Quinine would do better as the similimum for bitterness. His rancorous reference to the editor of the *Medical Century* does that gentleman great honor and speaks volumes for the *Century's* status as a representative homeopathic journal. He also pays his respects to several other journals, but evidently does not read the *Medical Visitor*, and thereby lost some strong points in his argument.

Quine's knowledge of real homeopathy is on a par with his knowledge of the sufferings and kindness of charity. For twenty years he has been repeating the same old things without exerting the least influence on the progress of the new school. He is the knight errant of allopathy to-day, and though he has never made a breach nor won a battle, he is constantly seeking new fields (like Dunham College) for his adventures against homeopathy.

Lest We Forget.

Unlike the *Medical Visitor*, THE CRITIQUE has never had occasion to apologize for the quality of its homeopathy. Ours is not of the *mistura compositus* variety, and hence we believe that no

greater error could be committed by our colleges than to follow the advice of certain journalists to mix up the teachings of allopathy with those of homeopathy. The law of homeopathy is fixed and undeviating. Allopathy is as unstable and variable as the wind. Why attempt to fuse the true and the false? Granting that our knowledge, or rather lack of knowledge of homeopathic remedies sometimes leaves much to be desired, does allopathy afford the slightest relief?

All in all, does not a faithful adherence to homeopathy always give better general results than any other system of practice? Such is the record the world over and no one can honestly gainsay it. The way to greater success is through a better knowledge of our own therapeutics, and no advantage can be gained from the study of allopathic therapeutics. Every attempt of this kind has resulted in confusion and failure. Wherein do our college curricula differ from those of the old school except in the matter of *materia medica* and *therapeutics*? Does any true homeopath doubt the superiority of homeopathic therapeutics? Then why should we ask our students to add to their study of homeopathy a knowledge of an inferior system of practice? The proposition is absurd on the face of it and should not be entertained for a moment by any homeopathic faculty.

Professor D. A. Strickler, in his comparative vital statistics, says: "*The results show that with the same number of cases treated the old school lost from all causes, 181 to our 100, and that the saving in life in the United States under homeopathic treatment would be about 500,000 per annum.*"

The Hahnemann Monument.

AT the last Congress, the Senate passed joint resolution 48, providing for the appropriation of \$4,000, or so much thereof as should be necessary, for the fundation to the Hahnemann monument to be placed in Washington, D. C., Mr. Dalzell, of Pennsylvania, called up the resolution in the House and a lengthy discussion followed. The resolution failed to pass by 62 yeas to

73 nays, but during the discussion some interesting things were said.

In introducing the resolution Mr. Dalzell said among other things: "As a work of art this monument is finer by far than any thing of the kind in the National Capitol." And when he was called on to state what Hahnemann had done to entitle him to this distinction Mr. Dalzell quoted Sir John Forbes, "physician in ordinary to the queen," as follows:

"No careful observer of his actions or candid reader of his writings can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself. He was undoubtedly a man of genius and a scholar; a man of indefatigable industry and dauntless energy."

In replying to this tribute to Hahnemann, Mr. Clardy, of Kentucky, who opposed the resolution, gave this rap to the profession which may be considered as aimed especially at the old school:

"If the gentleman will allow me, I will tell him the real benefit which has accrued to the world from the Hahnemann system. It has in my judgment, very clearly demonstrated the fact that it is very largely the 'medicatrix natura' which cures disease, and not the drug they take. And this conviction has allowed a great many people to die a natural death. Still I hardly think even this great benefit entitles him to a monument."

During the progress of the discussion, Mr. Dalzell yielded one minute to Mr. Shaffroth of Colorado, who said:

"Mr. Speaker, it seems to me that where a donation or gift is about to be made to the nation and simply a small amount is asked for an appropriation for the building of a foundation, the exact cost of which is not known, but in no event to exceed \$4,000, it is wise that a work of art of this character should be accepted. People in civil life who have attained distinction ought to be recognized in the great capital of this nation, and inasmuch

as this is a resolution which calls for an appropriation only for the foundation for a work of art which is finished and ready to be delivered, seems to me it ought to be accepted."

The opposition the resolution received was not expected, but the conviction is confidently expressed that the cause will have enough friends in the next House of Representatives as well as in the Senate to adopt such a resolution. Objections were made that Hahnemann was not an American, neither had he distinguished himself in any public official capacity. But these objections were well answered in the short speech of Mr. Shafroth, representative from Colorado.

Homeopathic physicians everywhere will watch with eager interest the action of the next Congress in the matter. In the meantime Representatives of the House should be made acquainted with all the merits of the case so they may vote understandingly.

B.

At the recent session of the Illinois legislature a State Food Commissioner was provided for. Every State in the Union should have such a commissioner. The necessity for such an officer is abundantly shown in the recent report of the Senatorial Committee on this subject, reference to which is made elsewhere in this issue of THE CRITIQUE.

PODOPHYLLIN.—I would not undertake to treat "old bad throats," tonsillitis, recurring quinsy, or chronic catarrhal conditions without thinking of podophyllin internally. There is a podophyllum patient the same as there is a pulsatilla patient. He is generally slow, dark-skinned, full flesh, full veined, constipated, dizzy, tongue full and somewhat brown down the center. Podophyllin in such cases will give more direct throat results in chronic cases than the so-called cough remedies. It is best to give a powder of the second trituration of podophyllin four times a day, or use the tincture podophyllum, ten drops to four ounces of water, teaspoonful four times a day.—*Cincinnati Ec. Medical Journal.*

Nebraska State Homeopathic Medical Society.

THE Nebraska State Homeopathic Medical Society held its twenty-sixth annual meeting in Omaha at the Iler Grand Hotel, May 17th and 18th. This meeting was reported as having been one of the most interesting in the history of the society. The papers were broad, scientific and especially interesting.

The President, Dr. Julia C. Starr, of Beatrice, Nebraska, was unable to be present, and the meeting was presided over by the First Vice-President, Dr. D. A. Foote, of Omaha.

Dr. P. C. Moriarty, of Omaha, was the efficient Secretary who planned and secured a most interesting programme.

Dr. O. S. Wood, of Omaha, the veteran officer, was on hand attending strictly to his business, as is his wont. He has been the Treasurer for nearly every year during the twenty-six years of this society. It is doubtful whether there is another such a record in any Medical Society in the United States.

Dr. Benj. F. Bailey, of Lincoln, Nebraska, President of the American Institute of Homeopathy, was present, showing his usual interest and loyalty in the State Society. He received the endorsement of the society for a second term as a member of the State Board of Health, of which he is now President. His present term expires in August, 1899.

Dr. F. E. Way, of Wahoo, Nebraska, was endorsed by the State Society as candidate in the Woodman of the World, for the position as Sovereign Physician for Nebraska. Dr. Way is a graduate of the Boston School of Medicine, and is one of the strong and successful men of our school of Nebraska.

The officers elected for the ensuing year are as follows :

Dr. D. A. Foote, Omaha, President.

Dr. L. C. Voss, Columbus, First Vice-President.

Dr. E. N. Leak, Fremont, Second Vice-President.

Dr. F. E. Way, Wahoo, Secretary.

Dr. O. S. Wood, Omaha, Treasurer.

Board of Censors:

Dr. W. A. Humphrey, Plattsburgh, Neb., Chairman.

Dr. F. B. Righter, Lincoln, Nebraska.

Dr. T. J. Merryman, Lincoln, Nebraska.

Legislative Committee :

Dr. Benj. F. Baily, Lincoln, Neb., Chairman.

Dr. A. H. Dorris, Lincoln, Nebraska.

Dr. W. H. Hanchett, Omaha, Nebraska.

Interstate Com. of American Institute :

Dr. P. C. Moriarty, Omaha, Nebraska.

O. S. Wood, Omaha, Nebraska.

The 1900 meeting will be held at Fremont, Nebraska.

* * *

Notes and Personals.

KIND WORDS OF ENCOURAGEMENT.—I send you herewith a check for THE CRITIQUE. I congratulate you most sincerely upon the success of this journal and upon your homeopathic work generally in Denver. I know that it has come only by a great deal of hard work and self-sacrifice.—Dr. D. A. Foote, formerly editor and publisher of the *Omaha Medical and Surgical Record*.

F. E. McCurtain, of Mammoth, Arizona, formerly of Denver, is meeting all kinds of success and experiences as surgeon to the Mammoth Collins Gold Mines Ltd. He writes that he performed iridectomy with splendid success, and has had many cases of minor surgery. The doctor talks Mexicano fluently.

Dr. James Butcher Brown has offices in the New Nevada Block, corner of Seventeenth and California, in conjunction with Dr. J. W. Harris.

A MAGNIFICENT DONATION.—The sum of \$10,000 has been donated by Mr. and Mrs. J. Edward Addicks to found a new homeopathic institution in Philadelphia. It will be called the Post Graduate School of Homeopathy. The object and province will be to broaden and encourage the post graduate study of physicians of this school.

We extend our sympathy to Mr. and Mrs. J. J. Brown in the death of Mr. Tobin, father of Mrs. Brown, who died at a ripe old age in this city. He was taken back to his former home in Missouri to be buried.

It was in no uncertain tone that Dr. Axtel, editor of the *Colorado Medical Journal*, expressed himself and others in the May issue about the action of Governor Thomas in vetoing the Medical Bill. We think ourselves it could have been done with less slurs upon the profession, and have been better for the Governor's future political aspirations.

Dr. W. C. Allen, of Colorado Springs, has just returned from a flying trip to Philadelphia, New York, Asbury Park and Long Branch.

Dr. J. W. Harris has fitted up elegant offices in the New Nevada Block, corner of Seventeenth and California Streets.

Dr. Frona Abbott has taken offices with Dr. Drake in the Mack Block, Sixteenth and California Streets.

J. West Hingston, M. D., formerly of Cheyenne, Wyoming, is pursuing a course of special study at Chicago.

All the known gasses have now been liquified, hydrozone and helium being among the last.

A weed has been defined as a plant, the valuable properties of which have not yet been ascertained.

Dr. Wm. Capps was recently elected City Physician of Grand Junction, Colorado, over two allopathic competitors. Grand Junction is the principal city of northwestern Colorado.

Johnson & Johnson, of Brunswick, N. J., call iodoform the "skunk of surgery." They advertise an odorless iodoform which they have designated as "Iodoform Johnson."

Dr. Walter Sands Mills, assistant visiting physician to the Metropolitan Hospital, New York City, considers tonsilitis an infectious disease, though it is not so classified by either Arndt or Anders.

The Park Commissioners of Denver have recently located additional parks in that part of the city formerly known as Highlands. Public parks are for the promotion of the general health, and every large city should have plenty of them.

During the month of April there were twenty-seven deaths in Denver from the different forms of meningitis. There were fifteen cases of scarlet fever with one death, and twenty-one cases of measles with no death. During April there were 177 deaths from all causes, being a mortality rate of 10.61 per thousand inhabitants.

Rev. Dr. Camden M. Cobern, pastor of Trinity M. E. Church, Denver, in a recent discourse on "The Story of Jonah and the Whale Re-examined in the light of Modern Knowledge," defended the literal correctness of the Bible story. Among other things he declared the story as reasonable as that a person in a cataleptic state should be pronounced dead by skilled and learned physicians, and after being placed in a coffin and deposited in a vault, should come out of the cataleptic state, kick off the coffin lid and get out of the coffin and walk home, all of which has actually occurred.

Astronomer Howe, of the Denver University, in speaking of Delonele's horizontal telescope, now building for the Paris exposition, through which, it is claimed, large animals may be seen on the moon, if there are any, expressed the opinion that objects on

the moon cannot be seen any more distinctly through this telescope than objects can be seen "through several feet of running water. The atmosphere of the earth is not still, and every irregularity is magnified and distorted by the high magnifying power."

According to the *New York Journal*, Prof. Vinchow recently gave utterance to the following at the tuberculosis congress in Berlin:—"I believe that just as the war upon trichinosis has been carried to a successful issue, the struggle with tuberculosis will also be successfully settled, but the intervention of legislation is certainly necessary. Sometimes the fears entertained in regard to meat of cattle suffering from tuberculosis are exaggerated. The flesh of parts not actually affected is in no sense dangerous. The question of milk is more serious. A single cow might depopulate whole villages. The only radical cure is the prompt slaughter of infected animals. Sterilizing the milk is by no means an absolute protection."

Provision has been made for a State Colony of epileptics in Illinois.

A bill recognizing the osteopaths as practitioners was defeated by the Illinois legislature at the late session.

The first woman medical examiner is Dr. Adele S. Hutchinson, of Minneapolis, appointed by Gov. John Lind, of Minnesota. She was indorsed by The Woman's Medical Club, of Minneapolis, is a member of The American Institute of Homeopathy and in point of time is the Senior woman homeopathic physician of the State of Minnesota.

Denver Homeopathic Club.

Reported by EDWIN JAY CLARK, M. D., Secretary.

THE May meeting of the Denver Homeopathic Club was held at the Brown Palace Hotel on Monday evening, May 15, at 8 o'clock P. M. President Strickler in the chair. There were present Drs. Strickler, Willard, E. H. and Walter J. King, Strong, Harris, O'Connor, Drake, Pollock, Kehr, Ingersoll, Brown, Freyer-muth, Irvine, Reinhardt and Clark, and twelve visitors, among whom we noticed Drs. H. Frank Moore, J. B. Brown, Beeler, Abbott and Thompson.

The essayists of the evening, Drs. Wheeler, Morrow and Cowell, being absent, on motion of Dr. Willard, Dr. E. H. King opened an informal discussion of the subject of Whooping Cough.

DR. E. H. KING.—Whooping cough is a very ancient disease. Very serious from the complications accompanying it. Whooping cough, during period of dentition, forms a combination frequently very serious. The child begins to cough, then the bowels commence to move, now vomiting occurs, then convulsions. Case is very apt to prove fatal. During whooping cough, the child suffers from a lack of food, owing to the inability to keep it down long enough to digest any part of it. Homeopathic treatment will often control the cough so that it never reaches the whooping stage, though cough is paroxysmal in character. The paroxysms may number from one or two to forty or fifty per day.

DR. G. E. BROWN.—Must relate my success with a remedy, not homeopathic. Have used the regulation remedies, Dros. Bell., Ipe., etc., with, I confess very unsatisfactory results. Have had five cases of whooping cough in past two months. After the commencement of this remedy they never vomited, paroxysms were lessened in intensity, all gained in weight steadily. Not one objectionable symptom in the progress of the treatment. Cases terminating in about five weeks. The dose recommended is one grain per year of age. I only use half of this dose and in some of the cases did not use a full half. Two or three doses are given in the twenty-four hours. Paroxysms are reduced in a striking manner in twenty-four hours. We may some day find the remedy to be a homeopathic remedy.

INGERSOLL.—Feel more like passing a resolution of censure for those that are absent. It is a great question, what organ or function in the human body is the first to act? This meeting reminds me of a meeting a year and a half ago, when the President of this club with two California physicians went out to the City Park after tadpoles to keep from attending a club meeting.

DR. S. S. KEHR.—Among complications affecting the eye and ear we occasionally see ecchymoses of one or both eyes. They do not need any special treatment the ecchymoses subsiding with the cough. A condition resembling amblyopia or amaurosis is often seen, not subsiding with the cough, but requiring special treatment. In the ear complications we notice acute suppuration of the ear requiring the same treatment as when occurring without the whooping cough.

DR. EMMA F. DRAKE.—Had treated lately five cases of whooping cough, using homeopathic remedies successfully. Kali Mur., and Puls. were mentioned as the remedies giving best results. Have a case of Bright's disease coming into my hands yesterday. The patient is from Idaho Springs, in February took a cold, five weeks ago not feeling well, thought he had taken more cold, went into the druggist to get some medicine for it, incidentally he spoke of the dark color of the urine and on furnishing the druggist a

sample showing a large amount of albumen, the druggist advised him to consult a physician. Physician immediately put patient to bed, though he was a carpenter with an important job under way. The physician was an allopath. Urine at that time was highly charged with albumen, under treatment was considerably reduced in quantity. Began bloating a week ago in face and ankles. Had been on milk diet until three weeks ago, when a more generous diet was allowed. On the appearance of the bloating was returned to the milk diet, a diet which he does not relish. In former years was of intemperate habits, but of better habits the last five or six years. Uses tobacco slightly. His age is thirty-five. His last week's allopathic treatment was Digitatis and cream of tartar. I placed him yesterday on Arsenic Alb. He desires cucumbers, onions and cabbage.

DR. WALTER J. KING.—Parents do not realize that whooping cough may result fatally.

DR. EUGENIA J. REINHARDT.—Have had favorable results in treatment of whooping cough, but not in that of Bright's disease, would be glad to hear more discussion on this subject.

DR. J. C. IRVIN.—Have had excellent results with the homeopathic indicated remedy. In one case of Whooping Cough where pneumonia set in, it was one of the hardest to handle that I have ever had. Remedies I find most useful are Drosera, Bell., Opium, (especially when there is blueness of face.) Ant. Tart. and Ipe. In Bright's disease I use Ars, Alb., Apis and Merc. Cor.

DR. F. C. STRONG.—In one case Cup. M. stopped cough almost instantly. Ten days later mother took child out, resulting in pneumonia; under the steady use of Bryonia child came out all right. Where the expectoration is hard to raise use Aut. Tart. In Bright's disease I use Nit. Ac. followed later by Turkish baths, and after a week give Ars. Alb.

[*Lack of space would not permit any further report.*]

Things to Remember.

That Park, Davis & Co., get out a preparation in solution of Iron Peptonate and Maganese, a combination that is palatable, permanent and efficacious in the relief of all anemic conditions, no matter what the predisposing cause may be, also remember P. D. & Co. goods are dispensed *only* on the prescription of physicians.

We wish especially to call your attention to Wm. Lauth Surgical Instrument Co's. advertisement which appears in this issue

He keeps all kinds of surgical instruments of the very latest patterns at reasonable prices. Do not fail to call upon him when in need of surgical supplies.

That there may be one or two doctors, who have not used Panopepton in treating diseased conditions; that I wish to acquaint them of this fact, that no food will aid both them and the patient as well Fairchild's Panopepton, easy to take, easy to digest and boosts the patient to health. Try it once and be convinced.

THE COLORADO ROAD INVITES COMPARISON of its elegant new trains with the trains of other lines which run between Denver and Colorado Springs.

CAFE CARS ON THE "COLORADO ROAD.—The popular Colorado Road has introduced a new feature in the west in the shape of elegant cafe cars on its through trains, where splendid meals are served enroute at reasonable rates.

T. J. White, plumber, gas and steam fitter, 1543 Champa Street. Phone 1389, B.

That all kinds of homeopathic goods are kept by F. Stein-hauer, Charles Block, 15th and Curtis Streets. This house is the representative of Boericke and Tafel.

That "the greatest therapeutic discovery of the age, and of the ages, is that where we cannot produce good blood we can introduce it." As a tonic, locally or internally, do not forget Bovinine where you wish to nourish or build up tissues.

That H. F. McCrea does a general druggist business and keeps everything needed in that line. Also is the representative of Halsey Bros. Co., and keeps a full line of Homeopathic medicines, vials, disks, tablets, tinctures and potencies. Cor. 17th and Champa Sts., Denver, Colo.

McIntosh Battery and Optical Company, 521-531 Wabash Ave. Chicago, keep a complete line of batteries and electrical goods. Send for new 300 page catalogue with 450 illustrations.

For official map of City of Los Angeles and N. E. A. pamphlet, address Geo. Ady, general agent, Union Pacific, Railroad Denver.

That the Chicago & North Western Railway company have opened new offices at the corner of 17th and Stout streets or 801 Seventeenth street, which are the finest appointed railway offices in the city. We wish to acknowledge the receipt of a very unique invitation to the opening of their new offices on June 12th.

THE CRITIQUE.

VOL. VI.

DENVER, COLO., JULY 15, 1899.

No. 7.

General Medicine.

Edited by W. A. BURR, M. D.

The Urine in Chronic Disease.

By Dr. Geo. E. Brown, Prof. of Medical Diagnosis and Diseases of the Chest, in the Denver Homeopathic College.

THE investigation of many cases of acute and of all cases of chronic disease cannot be considered complete until a systematic study of the urine has been made.

The practitioner should be perfectly familiar with the various normal characteristics of the fluid, and should be capable of detecting all abnormal constituents and qualities, and determining their clinical significance, so far, at least, as the present state of knowledge will allow.

The unreliability of mere subjective symptoms or the complaints made by the patient as indices of disease, is very well understood; therefore it is that we ought to welcome any and all aids to diagnosis that render us as independent as possible of the statements of the invalid. There is no denying the fact that the urine, as a source of information, is too generally neglected. It is the object of this paper to recall to mind some of the chief facts regarding urinary pathology, and to be as practical as possible. The quantity of urine excreted in twenty-four hours by the adult of average weight is about fifty ounces, or 1450 cubic centimeters; it depends directly upon the pressure in the renal glomeruli, and consequently the urine is increased by conditions that raise the arterial tension, either generally or in the kidney, and

diminished by those that reduce that tension. Daily causes of increase are the ingestion of fluids, and exposure of bodily surface to cold; while it is diminished by abstinence from drink, by free sweating, or the presence of diarrhoea.

The flow of urine is increased in the earlier stages of chronic interstitial nephritis, or granular kidney, in lardaceous disease, in rare cases of cerebral disease, in diabetes insipidus, and diabetes mellitus. A temporary increase is seen in hysterical attacks, as a result of mere nervous excitement (not unfrequent during a medical examination for life insurance), and from the administration of substances having a diuretic action, such as the acetates, citrates, and tartrates, and, perhaps most commonly, alcoholic drinks. The free ingestion of watermelon also, must not be forgotten here in Colorado.

The urine is scanty or suppressed in acute nephritis, in the last stages of chronic nephritis, in obstruction of the ureter, unless the other kidney is equal to the task of secreting twice its normal amount, in all febrile conditions in cardiac failure, in hysteria, and after repeated vomiting or profuse diarrhoea.

The specific gravity varies directly as the amount of solids in the urine, inversely as the quantity of water. The excretion of both water and solids varies with the period of the day, and it is therefore desirable, for accurate estimation, to mix the whole of the urine secreted during twenty-four hours and take the specific gravity of the combined liquids. The normal specific gravity of urine is from 1015 to 1025. It is diminished by most of the causes of polyuria, so as to be 1010, 1006, 1004, or even less, as in chronic interstitial nephritis, lardaceous disease, diabetes insipidus, hysteria, nervous excitement, and under the influence of diuretics. It is increased by all the causes of scanty urine, such as heart disease, acute nephritis, profuse sweating, and conditions which increase the solids actually or relatively to the fluid secretion.

In diabetes mellitus the specific gravity is increased to 1030, 1040, or 1050, although the quantity of urine is many times more than the normal; the nocturnal secretion of large quantities of sugar, while urea is often above the normal, accounts for this ex-

ceptional condition. Albumen occurs in urines of both low and high specific gravity.

The reaction of the urine when voided is acid, from the presence of the acid phosphate of sodium, and partly to free lactic and hippuric acids; after it is passed from the body it undergoes a change, becoming first, more acid, then again, less acid, and finally, alkaline. These changes are due to fermentation from the presence of micro-organisms, for if the urine is properly protected from contact with such bodies, it may be preserved for years. The increased acidity is due to more acid phosphates, as well as lactic and acetic acids. The alkalinity results from the decomposition of urea and the formation of carbonate of ammonium.

If the urine is alkaline when it is passed from the body, it must be ascertained whether the alkalinity is due to the fixed alkalies, potash and soda, or to the volatile alkali, ammonia. A piece of red litmus paper turned blue by the urine, and subsequently gently warmed over a spirit lamp, will lose its blue color in the case of ammonia; but will retain it in case of fixed alkalies. If ammonia is shown to be present, it is due to decomposition of the urine from retention in the bladder or other parts of the urinary apparatus, in pyelitis, pyonephrosis, etc., precisely similar to what takes place in ordinary urine after it has been passed some time.

If the alkalinity is due to fixed alkalies, this results from changes in the blood, whether from diminished supply of acids or increased supply of alkaline constituents. The most certain means of producing alkalinity of the urine is by the ingestion of large quantities of the potassium or sodium salt, citric, tartaric, acetic or malic acid, in vegetables or fruits. These organic acids are decomposed in the intestines, and the alkalies are secreted in the form of carbonates. The urine is often alkaline after a meal.

Much may be learned by the naked eye appearance of the urine, and the complaints of the patient may put us on the right track at once. Thus a milk-white urine in children is usually due to the presence of white urates, or colorless uric acid crystals. Quite generally, either over-play, which is kindred to overwork,

involving, as it does, excessive waste of the tissues, or too great ingestion of animal food, is responsible. In adults, if the urine is milky white *when passed*, this is usually due to the presence of earthy phosphates, arising, perhaps, from a transient alkalinity of the urine after dinner. Unless persistent, this is of little importance; or the turbidity may be due to decomposition, and the formation of ammonia magnesian phosphates, suggesting bladder atony or paralysis; or it may be due to the presence of pus, spermatic fluid, or rarely chyle or sarcinae.

When the patient describes the urine as *turning thick*, this is almost always due to the deposit of urates on the cooling of the urine, and is seldom of much consequence. When the urine is spoken of as *resembling porter*, the presence of bile, in some quantity, is usually indicated, but blood may give such color. When described as *turbid, mossy or smoky* when passed, this may be due to a slight and intimate admixture with blood, suggesting the kidneys as the source.

Very red urine, having a resemblance to the bloody tint, is sometimes due to excessively red urates, especially as found in certain hepatic cases. Black urine is sometimes passed by those using carbolic acid or creosote, either externally or internally. More frequently from this cause it is of a dark green tint and the black color only appears after the urine has been kept for a time. Indigo blue color, from the decomposition of Indican, has occasionally been found in urine after it has been standing for a time and has become alkaline.

An excessive frothing of the urine as passed or poured into vessels, is found in albuminous and saccharine urines, and may be seen to vary roughly with the amount of these abnormal ingredients; it also occurs to a less extent in urine that contains the biliary coloring matter.

Shreds and fibrous masses may be passed in chronic inflammation of the bladder, or they may come from an inflamed and dilated kidney (pyelo-nephritis). Gritty matter or gravel may also be complained of as coming with the urine and irritating the urethra; this will usually be found, on examination, to be due to uric acid, or in chronic cases to phosphatic concretions.

Urinary sediments usually demand chemical tests or microscopic examination for their discrimination. Crystals of uric acid, however, can often be seen by the naked eye or with a simple lens, resembling cayenne pepper grains, falling to the bottom of the glass or adhering to its sides, or to shreds of mucus.

Glittering, colorless prisms of ammonia-magnesian phosphate can also sometimes be seen floating on a scum on the surface of the urine, or resting on the mucous sediment. A very delicate, white, powdery sediment covering the top of the cloud of mucus, and resembling, as has been said, fine powder dashed over a wig ("powdered-wig deposit") can sometimes be recognized with tolerable certainty; it is due to oxolate of lime crystals. In alkaline urines, minute phosphatic crystals simulate this appearance, but they are more glittering than the former.

Fawn-colored, pink, or reddish amorphous precipitates, formed as the urine cools, can usually be recognized at once by the unaided eye as composed of urates; such a precipitate disappears on the application of heat.

It must not be forgotten that patients who are taking either rhubarb or santonin may pass a urine that is deeply colored yellow; the addition of an alkali will turn these urines red. Logwood also gives a reddish tinge to the urine.

Having observed the gross appearance of the urine, tested its chemical reaction and taken its specific gravity, the next thing naturally in order would be to test for the presence of the most frequent pathological ingredient, viz., albumen. I greatly prefer the potassium-ferrocyanide test as being at once the most positive and the most convenient of application. We must remember that the occurrence of albuminurea is not limited to cases of Bright's disease, but that it accompanies a variety of other disorders.

It must also be remembered that one form of Bright's disease,—viz., the contracted kidney or interstitial nephritis,—may yield a urine that contains only the trace of albumen, or it may be entirely absent a part of the time. The absence of dropsy in this form of nephritis might very easily cause one to overlook the disorder. However, a microscopic examination of the sedi-

ment obtained by means of a centrifuge would reveal tube casts; the heart would be hypertrophied, the aortic second sound exaggerated. Of course the percentage of urea is diminished.

If we find albumen in the urine in a given case we are scarcely warranted in inferring the existence of Bright's disease, unless the most important solid constituent, viz., urea, is found to be diminished in amount, and the imminence of uraemia will be announced by a very great fall in the percentage of this substance. The application of the Doremus test for urea, showing the amount per cubic centimeter, is almost as simple as the test for albumen, and should be utilized by every practitioner.

Purdy considers that the determination of the amount of *phosphates* as showing whether or not there is serious renal lesion, is quite as important as the test for albumen or for urea. Albumen may be due to the presence of blood or pus in the urine or the existence of an inflammation in any part of the urinary track, from the pelvis of the kidney to the distal end of the urethra, and in the male subject the seminal vesicles or their ducts, the prostate or Cowper's gland. The clinical significance of the albumen in the urine in such cases of course depends upon the significance of the disorders upon which it is dependent.

Many acute febrile diseases give rise to albuminurea for short periods, without the diagnosis or prognosis being seriously affected thereby.

After the primary fever has subsided, notably in scarlatina, and occasionally in smallpox, erysipelas and enteric fever, albuminura is observed as a sequela.

Chronic chest complaints are often complicated with albumenurea. Sometimes in such cases, and in heart disease, the albumenurea is only one of the indications of a general venous congestion; sometimes it is indicative of a nephritis favored by renal congestion, similar to the brown induration of the lung or liver that is a result of valvular heart disease. But aside from such general diseases, aside from states of the blood, as leukaemia or anaemia, and independant wholly of renal disease, it is held by many that there is a so-called physiological functional or "cyclic" albuminura, the "albuminurea of adolescence" of some writers.

In such cases the health of the individual may appear to be unimpaired, but the albumen in the urine is detected after dietary errors, or the digestion of excessive amounts of albuminous foods, particularly eggs. Or it is observed only after violent exercise. Especially characteristic is the intermittancy of its appearance. The albumen is always small in quantity; casts are as a rule absent, except in cases brought on by exercise, the specific gravity of urine is normal and the heart is not enlarged.

The tendency among eminent clinicians to-day is to regard this class of cases with suspicion. It is believed that the transitory occurrence of albumenurea shows a special vulnerability of the renal organs, and as a matter of fact the records of insurance companies undoubtedly confirm this belief.

As it is the object of this paper to call your attention to some only of the important facts regarding the urine, and neither to exhaust the subject or you, I beg to be excused from pursuing my theme any farther at this time, and your indulgence for this imperfect presentation is expected.

Spinal Curvatures and Their Treatment by Movement Cure.

By Luther J. Ingersoll, M. D.

It is not my present purpose to dwell upon the different forms of spinal curvature, nor their causes, which are seldom known, but to speak briefly of their symptoms, course, treatment and results, with three cases. I shall only consider lateral curvature. When curvature of the spine is pronounced, and permanent, it is easily diagnosed; but in the beginning the symptoms are not understood, and are regarded as neuralgic, rheumatic, or as simply an ache, or tire, of the muscles involved.

There is usually a long period, often one to three years, when the patient is neither sick nor well, but there is a lowered

vitality, a gradual loss of strength and endurance. There is apt to be nervousness, disturbed sleep, with severe pains in the spine, or very close to it, in the neck or head. Sometimes there are strange drawing sensations of the back muscles, as if the bones were being wrenched asunder.

After a time, a close inspection of the bared shoulder, back and hips reveals the fact that one shoulder, or hip, has changed its position and relation to the other and to the spine. It may be higher or lower, or may have turned forward or backward. In such a case curvature, single or double, has already taken place.

It may be permanent,—that is, the subject cannot by any effort of his own overcome it, or for a minute assume a correct position. If curvature has not progressed too far, he can, by a special effort, with or without help, straighten the spine. Whether there be one or more curves, or wherever they may occur, if the patient can, of himself or by help, assume the correct position, the curvature is in the first stage, and is curable. This is the practical point which I wish to present and make very prominent—*the first stage*. In this stage, and so long as the patient can or can be made to assume a natural, straight position, even if he cannot maintain it, by proper treatment the curvature, or curvatures, can be almost certainly cured, and a life of pain and deformity prevented. Up to this time the fault, or disease, is in the muscles, ligaments, tendons and cartilages. The spinal bones have not yet rotated, nor become fixed, or joined together, diseased nor wedge-shaped.

This, first stage, is of greatest interest, and of importance to the patient.

I know of no remedies, and have patiently tried many, which can have the least beneficial effect upon any form, or stage of spinal curvature. Nor does the disease tend to correct itself. Its progress is invariably onward from stage to stage, ending in permanent deformity more or less marked.

Nor do mechanical appliances, as plaster casts or jackets, steel braces, or bands, have a beneficial, but rather the opposite, a harmful effect. All these weaken the muscles by holding them

passive, inactive, and thereby prevent full circulation through them, and nutrition, which is essential to correct muscular weakness and development. It is this very muscular weakness which allows the spine to curve. This brings me to the truly scientific, successful treatment of all forms of

SPINAL CURVATURES.

Passivity never makes a muscle, nor imparts strength or vitality to it. In all forms of spinal deformities, as of all spinal diseases, movement, motion, proper in kind and amount, is an absolute necessity. Muscles must be enlarged and strengthened, and these can be secured only by proper Movements.

Here Mechanical Massage and the Swedish Movements are wonderfully effective. A condition of ill health is always present. The patient, more than the curvature direct, must be treated. In the first stage, or before the bones have become diseased, or rotated, I do not regard spine curvatures as very difficult of cure. It requires time and the patient application of the various movements, and success is almost sure to follow.

When the second stage of the disease is reached: that is when the patient cannot straighten the curve, a cure is much more difficult and uncertain. As a rule, all these cases, in the second stage, can be greatly improved, the progress of the disease checked, and the general health so recovered, that great comfort is assured. and a few cured.

In the third stage, when the bones (vertebra) have rotated upon themselves and become fixed, and the convexity great and permanent, they are in almost every case so diseased, and their edges have become wedgeshaped, so that a complete cure cannot be hoped for. Here again much can be done for the general health, condition and comfort of the patient, and the progress of curvature checked.

Conclusion. In the treatment of spinal curvature by Movement, in the first stage almost all cases can be certainly and quite quickly cured. In the second stage, many cases can be cured and all greatly benefited. In the third stage all can be much bene-

fited in their general health, the progress of the disease checked, and in many improved, but none cured.

Case 1. Miss Lilian G——, of Denver, aged 15, had grown very rapidly for the last three years; was tall and slender. For about two and one-half years had suffered very much pain along the back, especially between the shoulders. It seemed to be in the muscles, but was often in the spine itself. It was thought to be rheumatic, or neuralgic, and was so treated. The muscular pain was dull, "a heavy ache;" when in the spine it was severe and sharp. It was very prostrating. There were also much pain and soreness about the lower and inner border of the left shoulder. For several months there were severe headaches over, in and around the eyes, temples and vertex. All these pains were increasing in severity and frequency. All these various forms of pain are common in spinal curvature. There was a dorsal curvature convexity to the right of about one full inch. The left shoulder drooped and the right hip was elevated. There was also a compensating cervical curvature to the left, but not so marked as the one below. Walking or standing caused great pain. The spinal curvature she and her mother had noticed about eighteen months before visiting me. Here was a typical, usual case, and its history a common one.

She began daily treatment October 19, 1898. Each treatment occupied about one and one-half hours, and consisted exclusively of Mechanical Massage and the Swedish Movements. Throughout the treatment was proportioned to the strength and the steadily improved condition. Within two months all the pains were materially lessened and some had disappeared, and others nearly so. At the end of three months improvement was very rapid and satisfactory. Some tenderness about the apex of the left lung continued for four months. The muscles of the back were stronger and developing. Appetite, sleep and spirits good. After four and one-half months of treatment the spinal column was straight; she sat and walked straight. The hips and shoulders were on a level; the curvature of the neck could not be noticed. During treatment Lilian gained fifteen pounds. Now, July, '99, five and one-half months after discontinuing

treatment, she is straight, and her mother tells me, "in perfect health."

Case 2. Lady, 28 years of age, of full habit, nervous temperament. For several years there had been great and sudden prostration, a giving out of strength after even slight efforts. Some sensitiveness over apex of lungs, especially left, around the inner and lower border of left scapula; spine sore upon pressure at a number of points; right hip was enlarged and turned outward, toes turning inward. There had been for some years various pains of a wandering nature through the limbs and back. Also severe, sharp pains, very prostrating, in and about the eyes, temples, and bones of the face, continuing two to four days, which nothing but rest in bed seemed to relieve. There was a large accumulation of fat or adipose, in thick, heavy masses, over various parts of the body, especially limbs, hip and pelvis. This was a very prominent symptom, and deceptive in its nature, and did not denote health. This accumulation was over most, if not all the organs of throat, abdomen and pelvis. It impeded their functions, deprived the blood and tissues of a proper supply of oxygen, and prevented muscular development and nutrition. It was a clear case of mal-nutrition. About two and one-half years ago she noticed the changes of form of hip and spine. This lady began treatment in October, 1898. The treatment has been irregular, and often omitted for days and even weeks, but yet has been effective.

The first efforts and objects were to reduce the superabundance of adipose by Mechanical Massage and the Swedish Movements. This was quickly accomplished. There has been great improvement in every respect, and is yet going on to the entire satisfaction of the patient. As the adipose diminished the muscles over the whole body began to come out in distinctness and to grow strong. The pains along the spine, at apex of lungs, and about the scapula, long since disappeared. Those about the eyes and face, extremities and back very seldom occur, are slight and of short duration. The curvature of the spine cannot be detected, and the hip is much improved and is rapidly becoming normal.

These two cases are exceedingly important. They indicate how quickly and certainly these heretofore hopeless cases of spinal curvatures can be cured, and in the most pleasant and comfortable manner possible.

Case 3. This was a young girl of thirteen. She had had curvature about six years. It was a double curvature of the letter S variety. The bones had rotated and become fixed. She was in the third stage and entirely unable to assume even a partially correct position, or be made to do so by help.

She was treated irregularly for two months. The general health and spirits were greatly improved, but the back gave no symptoms of improvement as to its deformity. The stomach, bowels and lungs became much more comfortable and her nerves stronger.

I am most thoroughly pleased with the Movement cure system, including Mechanical Massage, in the treatment of all forms of spinal curvature, drooping shoulders or elevated hips, stiffened joints, shortened muscles, and all other deformities. In all chronic diseases its beneficial results are quickly apparent and permanent. Invariably the whole system responds in a remarkably short time. The sleep, appetite, digestion and assimilation become natural, by which both the nerves and muscles become healthy and strong.

I now have other forms of deformity under treatment, also nervous and muscular prostration and dyspepsia. I am especially desirous of treating deformities, nervous diseases, and all forms of chronic ailments, in all of which Movement and Mechanical Massage, with the well chosen remedies, are very pleasant and successful.

The Color of the Nails.

Dr. Edward Blake, who has recently written a book upon the hand, states that the nails are pale in hectic and in anasarca, gray in serious internal disease, yellow in jaundice, white in convalescence, chalky in some forms of paralysis, acutely livid in ague, and chronically purple in cyanosis.—*Medical Record.*

SURGICAL DEPARTMENT.

Edited by J. WYLIE ANDERSON, M. D.

The Nippin Maru is being held at quarantine at San Francisco by the local health authorities, after having been detained in quarantine at Nagaski, Japan, and at Honolulu. During the voyage there have been five deaths, evidently of those suffering from the Bubonic Plague.

Suture Material.

By S. C. Gordon, in the "Journal of Medicine and Science."

All suture material unabsorbed must necessarily have more or less exudate about it, which is of lower vitality than normal repair. Therefore in cases where no great amount of strain exists absorbable sutures are needed. Where continued strain on the parts is inevitable, non-absorbable sutures should be used for at least two weeks, but should be so placed as to be removed. For such sutures the silkworm gut seems to be the best, as it can be made sterile and kept so. For other purposes, sterile catgut, or kangaroo tendon, is suitable.—*St. Louis Medical and Surgical Journal*, December, 1898.

Voluntary Asexualization.

McCassy (*Jour. Am. Med. Ass'n*, December 3, 1898) makes a suggestion in regard to the asexualization of certain criminals, notably those who have been guilty of rape, that seems to do away with the objection which society has to depriving a man of his testicles, even when he has used them to destroy the happiness of his fellows. He proposes that criminals of this kind should be sentenced to prison with the understanding that at any

time within a year, if they so desire, they might submit to castration and go free. As the imprisonment for such is from five to twenty-five years, he is of the opinion that few men would hesitate to accept freedom on these terms, and as they would be in a condition which would make a repetition of their offense impossible, there would be no reason for detaining them longer at the expense of society. An additional advantage to society would be found in the limitation of the offspring of criminals of this class.

Sense and Nonsense anent Appendicitis.

The whole medical world knows, by this time, of the surgeon who would invariably operate upon every individual having enough symptoms to excuse a diagnosis of appendicitis, and we are equally familiar with the man who abhors the knife and will never consent to its use. And there are all kinds of intermediate individuals, holding various views, inclining more or less to either extreme. Very many of these views are the result of personal bias; thus the operative crank is such, because he has lost his governor, his balance wheel, and runs amuck, knife actually in hand, to partly disembowel every individual with a given symptom complex. It is enthusiasm, ardor or fervor, run mad. Nothing stays him, and opposition only serves as an additional stimulus. The man who never operates kills his share, too, because of his extremism. But he, instead of running mad with the operative furor, is the negative destructionist who is stuck in his own inertia. * * * * *

Upon the other hand, we have the men of common sense (and when we say men, we also mean women, too, who deserve the good word), who realize that some cases of appendicitis get well without the knife, and that some would die without its use.

* * * * *

The commonsense peg upon which to hang the appendicitis question is the remembrance of the great fact that no set rule will apply to all cases. There is no reason for supposing that inflam-

mation of the appendix invariably requires its removal by abdominal section. *The use of the knife in these cases is merely an admission that we are baffled in the cure of the disease*, and so we remove the disease and the part it involves. It is like curing a broken leg by cutting it off. And yet this is undoubtedly better than curing it by having to bury the entire individual.

There is another class of individuals who are firm in the conviction that they can almost always cure appendicitis by a special method. They are thinkers, they may be theorists, but it cannot be said that they run amuck, or that they are stuck in their inertia. *They are really of the class of pioneers that make progress.* Some day appendicitis, as well as cancer and allied conditions, will be as curable by medicinal agents, as syphilis is to-day. We do not excise syphilitic tumors, but we cause nature to remove them, helping her with the medicines that are needed. In all pioneer work there are, necessarily, sacrifices.

The moral in all this is, to keep posted and be up-to-date and then have the courage to follow one's honest convictions, and never hesitate to call others in consultation before it is too late.
—*Ed. Medical Council, Philadelphia.*

A Simple Gauze-Packer.

By Wm. G. Bane, M. D., of Denver, Colorado.

Packing wounds with gauze is a prevailing practice, but I have not been able to accomplish the act with ease by the use of smooth-pointed probes, applicators or forceps, the instruments in common use. The round points often slip on the gauze or pass through the meshes and cause undue pressure on the tissues.



End view.



Side view.

Dressing-forceps sometimes catch on the gauze and partly withdraw the packing as they are removed. To overcome the difficulty, I serrated the end of the handles of my applicators and of Buck's probe, by cutting a cross in the end with a small file, and smoothing the teeth thus produced so that they would not be too sharp, yet sufficiently prominent to catch in the meshes of the gauze. (See enlarged drawings illustrating the ends.)

Such a device is adapted for carrying gauze into any wound or cavity without undue pressure on the sides of the cavity, or fear of the point passing through the gauze and penetrating tissue, as a smooth point is liable to do in the packing of a brain-abscess cavity. The thickness, length, and shape of the shaft of the instrument will depend upon the work done by the surgeon.

The ordinary aluminum probe and cotton carrier, 1-16 of an inch in diameter, serrated in the round end, makes an admirable packer for work in the ear and in mistoid operations. While the device is original with me, I have no doubt many others have preceded me in the idea. However, I believe its value justifies me in calling the attention of the profession to it.

We wish to speak of the above little instrument as being very practical; having made and used one, it giving perfect satisfaction.

Adjusting Fractures and Care of Same.

Editor Medical World—Nothing in my experience requires more judgment, caution and experience than the accurate adjustment of fractured bones, and retention of the same till the fractured ends are solidly united.

My recent results have been better than during the first years of my practice. Some points may be of interest.

1. Beware of putting up fractures too snugly.
2. Never put bandages next the skin unless you are looking for trouble.
3. The surgeon who never returns to see how his fractured

bones are progressing will have crooked legged men cursing him.

4. Take plenty of time to set a broken bone; you haven't any more important business than that.
5. Leave your patient comfortable if you possibly can.
6. Return as often as you think it necessary to secure a union that you can be proud of.
7. Profanity and roughness don't make a surgeon.
8. Massage and passive motion should be used as soon as safe, to avoid ankylosis of joints and to get a useful limb as soon as it can be prudently accomplished.
9. Plaster of paris encasements are one of the most dangerous treatments in use.
10. Never discharge a case of fracture till you know you have firm and complete union.

M. C. MARTIN, M. D.

Hot Water in the Treatment of Gonorrhœa.

C. S. Murrell (*Massachusetts Med. Journal*, 1898, Vol. xviii.) advocates hot water irrigations in the treatment of acute and chronic gonorrhœa. The apparatus consists of a soft catheter, which is passed to within one inch of the prostatic urethra. It is then connected with a "gravity apparatus," in which the water is gradually heated up to the point of tolerance. The stream flows in through the catheter and returns between the catheter and mucous membrane. Several quarts of warm water may be used at each treatment. Some patients can tolerate a temperature as high as 180° or 190° F. The following advantages are claimed for this method of treatment:

1. The course of the disease is shortened by at least two-thirds, making the average limit of the case—viz., stoppage of the discharge—nearer one week than three.
2. The discharge immediately changes from a purulent to that of the nature of gleet, and is reduced to a small quantity.
3. There is absence of chordee and pain in passing urine.

Gynecology and Abdominal Surgery

Edited by S. S. SMYTHE, M. D.

Reaction and Progress.

One of the most encouraging signs of progress in operative gynecology is the growing reaction against indiscriminate cutting for the relief of pelvic disease. Especially is this true of "Ovariectomy." It is but a few years since it was the vogue to remove the ovaries on the slightest pretext, entirely without regard to the condition of the ovaries themselves, and many times in the absence of any actual ovarian trouble.

The merest tyro in surgery felt quite capable of doing ovariectomy, and the ovaries were sacrificed to relieve every imaginable kind of reflex symptoms. If a woman suffered from headache, backache, sideache, or what not, her ovaries were convicted on the most incompetent circumstantial evidence, and the surgeon was called in to summarily execute the offending members.

It is gratifying to note, that more rational methods are to prevail. Ovariectomy is a useful and necessary operation, under certain conditions, and will continue to hold a prominent place in conservative gynecology. Legitimate surgery should be free from fads. Women are especially susceptible to *vogue* influences, and many of them would submit to amputation of their thumbs or ears, if Madame deVoguere should set the fashion.

Rational Causes of Pelvic Disease.

During the last decade or two the profession has been so absorbed in searching out the microbic origin of disease with a consequent tendency to attribute every departure from health to infection, that real and natural causes have been almost wholly overlooked. The microbe may retain a place in our pathology, but as

a distinct causative factor, its influence is on the wane. With progressive gynecologists the germs are being relegated to their legitimate place, and greater consideration is being given to predisposing, local and systemic causes as a basis for most of the pelvic disturbances which so commonly prevail in women of our time.

Within the female pelvis mechanical departures from the normal, with their attending derangement of the circulation, pressure symptoms and resulting trophic changes, are such as to demand much greater attention at the hands of the surgeon than any form of microbic or infectious influence. When we shall have progressed backward to the standpoint of our fathers, and realize the importance of uterine and ovarian displacements as predisposing and exciting causes of many pelvic diseases, our surgery will still have a wide field, and be upon a much more rational and scientific basis.

Some Points In Operative Gynecology.

Dr. Laphorn Smith, in writing of the recent meeting of the British Medical Association, says (*In Am. Jour. of Surg. and Gynecology*):

"I had the pleasure of hearing an address by Dr. Martin, of Berlin, on the "Progress of Ovariotomy" in the last twenty years. It was a remarkable paper by a remarkable man. He has adopted the vaginal route to a great extent, and he closed his paper by giving the results of 131 vaginal laparotomies, for diseased ovaries and tubes, and for retroversion, ovarian cysts and small fibroids. Out of these 131 cases he lost two. Since my return from Berlin, I have performed a number of these operations at the Samaritan, the Western, and my private hospital, with most gratifying results. These will be reported in full later on, but in the meantime, it is of interest to note that all the patients operated on by the vaginal route made a much quicker recovery than those by the abdominal incision. Although they included pus tubes, tubal pregnancies, retroversion with fixation, cystic

ovaries, and closed tubes which were opened, yet not one of the patients died. Another striking advantage was the absence of the abdominal scar and the pain from the incision, which these patients generally suffer from very acutely, was entirely absent. In fact, most of these patients did not require any anodyne whatever."

* * * * *

"One of the most interesting features of the meeting was a cinematographic representation of an abdominal hysterectomy given by Doyen, in one of the large halls of the University, at which there were over six hundred doctors present. He is a very rapid operator, and has devised a new method which only requires four minutes from the first incision until the whole uterus, including the cervix, is in the dish. The salient features of his method is to put a clamp on the two ovarians, and then to catch the cervix through an opening in the vagina in Douglas cul de sac and draw it up, forcibly tearing it away from its connections laterally and to the bladder in front. The uterine arteries are thus distinctly brought into view and clamped. He only takes two or three minutes for removing the uterus, and some eight or ten minutes more are used in tying the arteries and closing the opening in the pelvic peritoneum. I had the pleasure of being one of eight or ten who saw Doyen do two total abdominal hysterectomies for fibroid, at the Royal Infirmary, and he did one of them quite as quickly as the six hundred saw him do it by the cinematograph."

The Delusive Climacteric.

Full many a woman, no doubt, has relied on her years as a safeguard against conception, and been sadly undeceived. It is somewhat startling, nevertheless, to learn from the *Journal de Medicine de Paris* for March 12th, that last year seventy-seven legitimate children were born in France of mothers over fifty years old. The French people have been exercised for some time now over the decline of their birth rate. Let them take heart if this is what their old women can do.—*N. Y. Med. Journal.*

THE CRITIQUE.

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EDITORIAL.

A Great Meeting.

THE fifty-fifth annual session of the American Institute of Homeopathy, held at Atlantic City, June 20 to 24, has passed into history as one of the greatest meetings of our national body. The attendance was larger than at any previous meeting, except at the World's Congress in Chicago.

President Benjamin F. Bailey, in his address, made several important recommendations for the good of homeopathy which were favorably received by the Institute, and will be adopted. Though we were denied the privilege of attending the meeting this year, it is gratifying to learn from every source that Dr. Bailey's administration was brilliantly successful, and that he passes the organization on to his successor in a most flourishing condition.

ELECTION OF OFFICERS.

The following-named officers were elected for the coming year:

Dr. Charles E. Walton, President, Cincinnati, O.

Dr. Charles P. Cobb, First Vice-President, Chicago, Ill.

Dr. Nancy Williams, Second Vice-President, Augusta, Me.

Dr. Eugene H. Porter, General Secretary, New York.

Dr. Wilson A. Smith, Recording Secretary, Chicago, Ill.

Dr. T. Franklin Smith, Treasurer, New York.

MAKING HISTORY.—A NOTABLE CHANGE.

One of the most important transactions at the closing session of the Institute was the decision to change the famous dictum so long identified with homeopathy, "Similia Similibus Curantur" (Likes are Cured by Likes) to "Similia Similibus Curentur" (Let Likes be Cured by Likes). The decision coming from the most influential body of homeopathic physicians in the world, will have the effect of changing the motto in the entire literature in this school of medicine. The change was adopted after the Institute had heard the report of the Committee on a Correct Rendering of the Homeopathic Law, submitted by Dr. J. H. McClelland, of Pittsburg. The latter said, in part :

"Is it 'curentur' or is it 'curantur'? The difficulty of this question, the report said, is enhanced by the fact that Hahnemann himself so rarely makes use of the formula in his writings. Then, again, it is difficult to arrive at just the right point of view. We must take into account what is sought to be conveyed by this now famous latin phrase. Is it an abstract statement of a fact, or is it a rule of practice? Does it formulate a law of nature, a law of cure, or does it teach a method of healing? If we can arrive at a definite conclusion with regard to these important questions we shall have gone a long way toward reaching a solution of the difficulty."

"The report stated that Hahnemann used the subjunctive form, 'curentur.' The first use of the indicative form was made by the British Journal of Homeopathy, which it did without authority, and, as the story goes, much to the indignation of Hahnemann himself. It is said he exclaimed, 'Do you think I do not know what I wish to say?' or words to this effect. The example of the British Journal was soon universally followed. We are glad to know that later scholarship returns to Hahnemann's terminology, as is shown, for example, in many papers of recent date. Curantur is present indicative passive, and curentur is present subjunctive passive of the verb curo. The correct idea of the verb is not properly or classically expressed by the word cure. The word best expressing the idea of cure is sanantur,

and Hahnemann, with his full knowledge of the classics, very well understood this. He wished to indicate a method of treating disease, a rule of practice, hence he used the subjunctive form of the verb curo, and enunciated the formula now famous for all time, viz., Similia Similibus Curentur. He wished to impress upon the minds of his readers a distinction in the idea of his setting forth a method. He said that in the healing of the sick this is a correct rule of practice. He did not mean to say that "like cures like," a bald statement of fact, but to introduce a rule of practice."

FOR A UNIFORM LAW.

Among the recommendations made by the President was the following, which was adopted:

"That the Legislative Committee of the Institute be requested to draft a general bill to be presented to and passed by the Legislatures of the several States with a view to obtaining general uniformity in the laws governing the practice of medicine as preparatory to the introduction in Congress of a general law to secure the right of physicians to practice in all States after being authorized to practice in one, which will ultimately lead to interstate and international reciprocity."

NEW ASSOCIATION FOR SURGEONS.

The surgeons in attendance took an important step by organizing "The Surgical and Gynæcological Association of the Am. Ins. of Homeopathy." Members of the Institute only will be eligible to membership. The association was formed because the surgeons found they did not have sufficient time to read and discuss their technical papers during the single, general and special sessions assigned them. The new association will devote two whole days, either immediately before or after the Institute's annual meetings, to papers and discussions pertaining to surgery, reserving the consideration of such subjects as would be of interest to the general practitioner for their session in the Institute meeting. Dr. W. B. VanLennep, of Philadelphia, was unanimously elected President; Dr. George B. Roberts of New York,

Secretary; and Dr. Hartman, of Syracuse, Treasurer. The Executive Committee of the association consists of these three officers, together with the Chairmen of the Bureaus of Surgery and Gynaecology of the American Institute.

COMMITTEES APPOINTED.

The members of the various committees are as follows:

Life Insurance Examiners—Dr. A. W. Baily, chairman, Atlantic City; Dr. A. L. Blackwood, Chicago; Dr. V. H. Hallan, Hot Springs, Ark.; Dr. O. S. Wood, Omaha, Neb.; Dr. C. W. Roberts, Scranton, Pa.; Dr. H. H. Leavitt, Minneapolis.

Medical Education—Dr. H. F. Bigger, chairman, Cleveland, O.; Dr. S. S. Smythe, Denver, Colo.; Dr. A. C. Cowperthwaite, Chicago; Dr. L. W. Hartman, Syracuse, N. Y.; Dr. T. J. Newberry, Iowa City, Ia.

Organization, Registration and Statistics—Dr. T. Franklin Smith, chairman, New York; Dr. J. Wylie Anderson, Denver, Colo.; Dr. H. C. Aldrich, Minneapolis; Dr. J. P. Rand, Worcester, Mass.; Dr. S. J. Millsop, Bowling Green, Ky.

Resolutions—Dr. W. A. Dewey, chairman, Ann Arbor, Mich.; Dr. C. B. Currie, San Francisco, Cal.; Dr. G. F. Roberts, Minneapolis; Dr. M. Besemer, Ithaca, N. Y.; Dr. G. B. Rice, Boston, Mass.

Medical Literature—Dr. H. P. Bellews, chairman, Boston; Dr. C. W. Eaton, Des Moines, Iowa; Dr. E. Elmer Keeler, Syracuse, N. Y.; Dr. E. A. Boericke, Philadelphia; Dr. T. G. Comstock, St. Louis; Dr. Woodruff, Phoenix, Ariz.

Press—Dr. W. R. King, chairman, Washington, D. C.; Dr. Frank Craft, Cleveland, O.; Dr. Irving Townsend, New York; Dr. W. W. Stafford, Chicago, Ill.; Dr. T. M. Stewart, Cincinnati; Dr. W. E. Leonard, Minneapolis, Minn.

Medical Legislation—Dr. J. R. Fleming (five years), Atlantic City; Dr. A. B. Norton (one year), New York. To be filled out upon the resignation of Dr. J. B. G. Custis.

Transportation Committee—Dr. A. Elison Cloky, chairman, Louisville, Ky.; Dr. D. A. Foote, Omaha, Neb.; Dr. D. A. Strickler, Denver, Colo.; Dr. A. E. Neumiester, Kansas City; Dr. G. F. Shears, Chicago; Dr. E. L. Mann, St. Paul; Dr. J. Perry Seward, New York.

International Bureau—Dr. J. B. G. Custis, chairman, Washington, D. C.; Dr. George Peck, Providence, R. I.; Dr. Frank

Elliott, Kansas City; Dr. Millie J. Chapman, Pittsburg; Dr. H. R. Stout, Jacksonville, Fla.

Section Committees: Materia Medica—Dr. J. C. Fahnestock, chairman, Piqua, O.

Obstetrics—Dr. D. A. Foote, chairman, Omaha, Neb.

Gynecology—Dr. J. W. Ward, San Francisco.

Pedology—Dr. E. R. Snader, Philadelphia.

Sanitary Science—Dr. T. E. Roberts, Chicago, Ill.

Surgery—Dr. W. S. Briggs, St. Paul.

Neurology—Dr. A. J. Givens, Stanford, Conn.

Ophthalmology—Dr. R. S. Copeland, Ann Arbor, Mich.

Committee on Proposed Change in Publication of Transactions; to report in 1900—Dr. Charles Mohr, chairman, Philadelphia; Dr. S. S. Smythe, Denver, Colo.; Dr. D. A. Foote, Omaha, Neb.; Dr. Chas. P. Cobb, Chicago, Ill.; Dr. Horace Packard.

Cleveland, Ohio, was selected as the meeting place for 1900.

THE glamour of the germ theory is believed to be losing ground in homeopathic circles, and evidences of a healthy reaction are manifesting themselves in various ways. Now let our college folk abandon the attempt to explain old school fads and devote their time to the elucidation of homeopathy, pure and simple. During the last decade much valuable time has been frittered away in our schools and the minds of our students have been diverted into impracticable channels by wasteful theorizing. Read Dr. Strickler's paper on "Then and Now" in this issue of THE CRITIQUE.

Antitoxin Treatment of Diphtheria.

In a discussion of this subject by the Neighborhood Club, of Boston, April 20, 1899, a wide range of opinion was expressed. While many endorsed it fully and considered any physician derelict in duty who does not use it. Dr. Ruggles made the statement that he did not believe in it and never used it. "Homeo-

pathy had served him well, and he had seen no better results under any form of treatment. His sheet anchor was bichloride of mercury, given in heroic doses, one-tenth of a grain and frequently repeated. The virus of the disease apparently antidoted the poison of the remedy, and this rendered the dose harmless. He had on his case book a series of seventy consecutive cases, in all of which the clinical diagnosis was confirmed by bacteriological tests, many of them of a malignant form, and he had yet to lose a case."

"Then and Now."

By David A. Strickler, M. D., Denver, Colorado.

UNDER the above caption, *The Medical Visitor* claims that the old school is "very much nearer the homeopathic school to-day in its mode of treatment than at any time before in the history of medicine." Quoting further:—"Those of us who have kept watch upon the progress of medicine, are pleased to know that little by little, drop by drop, and step by step, the therapeutic ideas of Hahnemann have been slowly molding the therapeutic use of drugs in the allopathic school."

To this change in their therapeutic methods is assigned relatively better results now than formerly, as compared with homoeopathic treatment.

Like expressions are common with members of our school. The laity frequently join in the refrain, and many think it matters little to which school a physician belongs.

This tendency is added to by those professors and journalists who think that we should teach everything taught in old school colleges, inferentially to the same extent taught in them, plus homeopathic *materia medica* and therapeutics.

While a thorough believer in our teaching all the practical taught in allopathic colleges, I am of the opinion that much of the time spent in the study of theoretical details suited to their

afterwork, may be more profitably spent on *materia medica* and *therapeutics* by us.

In this connection, the questions naturally arise, is it true that "the therapeutic ideas of Hahnemann have been slowly moulding the therapeutic use of drugs in the allopathic school?" If so, to what extent?

Is it true that the old school have, relatively, better results to-day than twenty years ago?

To answer the first question, there are two sources of information: First, works on *Materia Medica* and *Therapeutics*, written by members of the old school, and second, the every-day practice of the individuals of that school.

Examining the first source, one sees many evidences of appropriation from homeopathic sources, by such writers as Ringer, Bartholow, Phillips, Aulde, Wilde and others, and judging from these alone, we would answer in the affirmative, but when we look to the every-day practice of individuals of that school, I fear we must come to a different conclusion. True, we know here and there a man who occasionally uses a remedy much the same as we do, but the use of our remedies is so infrequent, forms so small a percentage of his prescriptions, and then often not well indicated, that it must of necessity, have little to do with general results.

As a personal experience in attending their post graduate schools and clinics, I never noted a single prescription as homeopathic to the case except an occasional use of aconite or belladonna, and in the use of specifics, all of which, I believe to be homeopathic to the diseases for which they are specific.

My experience differs in no sense from that of others with whom I have conversed on the subject. I am of the opinion that anyone looking into the question from this side, will see but little evidence of the molding influence of Hahnemann's ideas. The allopaths are less crude than they were, occasionally use one of our remedies in diminished dose, but failing to recognize that homeopathy is a law of selection and not a law of quantity, they entirely fail to grasp Hahnemann's ideas, or to be molded by them. Herein lies the difference between the first and the

second sources mentioned. The authors have an insight into the use of the remedies, use them discriminately with favorable results, and recommend them; the practitioner uses them indiscriminately or empirically, as he uses everything else, fails, and soon discards them, with the result that homeopathic therapeutics has but little molding influence on allopathic practice.

This subject is treated more fully by Dr. Charles Gatchell, in an address before the International Homeopathic Congress in 1891, and may be read, by those interested, in the Transactions of American Institute of Homeopathy for that year, Page 282, et seq.

Coming to the second question, "Is it true that the allopaths have relatively better results to-day than twenty years ago?" I am aware that the general impression seems to prevail that it is true, but I know of no evidence to sustain the impression. Neither hospital nor general statistics sustain it. In this connection, it must be remembered that the crudities of Hahnemann's time had disappeared more than twenty or thirty years ago, and the question now under consideration is, whether allopathy, shorn of its crudities of Hahnemann's time, shows further evidence of the "molding influence of Hahnemann's ideas" or continued improvement, as compared with the homeopathic school.

There are in existence two sets of statistics taken in exactly the same way, and just twenty years apart, that seem to me to have very definite bearing on this question. For the benefit of those who may not know the conditions under which these were taken, I will state the conditions before giving the results.

The records in the health offices of large cities were examined for data. Public hospitals, still-births and coroners' cases were eliminated, so as to make the investigations in private practice only; then the number of deaths reported by members in good standing of the old school were compared with the number of deaths reported by homeopaths in good standing in the same city. This work was carried on under the supervision of Dr. E. M. Kellogg, of New York, for the years 1870-71-72-73, in the cities of New York, Brooklyn, Boston, Philadelphia and Newark,

N. J. (For full data, see Transactions of Amer. Inst. of Hom. for 1872-73-74). Just twenty years later, unaware of the work done by Kellogg, the writer took up the same work, under the auspices of the American Institute, with the assistance of men widely known, and collected similar data, taking in addition, the number of cases of contagious diseases, of births attended, etc., reported by members of each school. These reports are fully made and can be found in the Transactions of The American Institute of Homeopathy in the years 1893-94-95-98. The latter are fuller in detail than the former, but the relative deaths from all causes, reported by members of the two schools, gathered under conditions as nearly identical as it is possible to have them, after a term of twenty years, seem to me to have a more direct bearing on the question of *comparative results*, then and now, than anything else extant.

If then, these two sets of statistics show almost identical results, the burden of proof would seem to lie with those who state that the allopaths have relatively better results than they had twenty years ago.

We find, from Dr. Kellogg's report, that 4,071 allopathic physicians reported 72,802 deaths, or on an average, 17.88, while 810 homeopathic physicians reported 8,116 deaths, or an average of 10.2. For every 100 deaths by homeopaths the same number of allopaths reported 175.3 deaths.

Twenty years later, we find 8,596 allopathic physicians reporting 140,181 deaths, or an average of 16.4, while 1,295 homeopaths report 11,078 deaths, or an average of 8.55. For every 100 deaths by homeopaths, the same number of allopaths report 190 deaths.

The above put in tabular form would be:

Years	Allopathic			Homeopathic			Allopathic	Homeopathic	Death ratio, same number physi- cians reporting.
	Deaths	Average	Deaths	Average					
1871-4	4,071	72,802	17.88	810	8,116	10.2	175.3	100	
1891-5	8,596	140,181	16.4	1,295	11,078	8.55	190	100	

Instead of finding identical results, we find that the allopaths report a relatively larger number of deaths now than then. This would seem to show one of two things; either the allopath is doing relatively a larger business, or he is meeting with

relatively less success. Those who know the history of homeopathy and the advance it has made in gaining the confidence of the people in the past twenty years, certainly do not believe the former. I fully believe the second to be wholly true, and hence contend that the old school has no better relative results to-day than twenty years ago.

If right in my deduction, there are two practical suggestions that I think should be emphasized by the homeopathic profession.

First: *Do not allow the laity to be misinformed as to the fact.*

Second: *Do not waste too much of the valuable time of the homeopathic medical student, by teaching theories not yet proven of practical benefit to the patient, simply because they are taught in old school colleges. Be thorough in all things, but above all things, be thoroughly homeopathic until something else as good or better presents itself.*

June 30th, 1899.

Thyroid Extract in the Treatment of a Cerebral Case.

DR. STARLING LOVING has recently related the case of a student, eighteen years old, of healthy parentage, whose history, with the exception of an attack of typhoid fever, in his fifteenth year, had been uneventful. His habits were correct. In 1899, without assignable cause, he began to suffer from constant headache with severe exacerbations. Within six months he found his vision affected, soon to such an extent as obliged him to suspend his studies, and later, to interfere materially with movement from place to place. Examination by competent oculists disclosed no lesion in the eye, though the vision was about equally affected in both. At a consultation of the oculists, a neurologist, and a surgeon, it was decided that the patient was suffering from an intracranial neoplasm the nature and precise situation of which were not defined. There was a suspicion of its being of syphilitic origin. The lad was treated with murcurials and iodide of potassium with no beneficial result. After a rest of some weeks treatment was resumed, but it was futile. Tonics were used but they did no good. Thyroid extract was prescribed, and its use was continued with a few short intermissions for several months. Improvement soon became manifest. The patient had now so far recovered as to be able to read and write with ease and comfort.—*Health (London, Eng.).*

News Notes and Personals.

The Thirteenth annual class for instruction in orificial surgery will assemble in Chicago at 9 A. M., September 4th, 1899, and will continue to meet daily during the week, as usual. For particulars of this clinical course address E. H. Pratt, M. D., 100 State Street, Chicago.

Dr. E. S. Bailey was elected Dean of the Hahnemann Medical College, Chicago, to fill the vacancy caused by the death of Dr. Ludlam.

Dr. C. E. Fisher, editor of the "Medical Century," has returned home from a trip to Cuba.

Dr. C. W. Brown, of Bellville, Kansas, made a call upon THE CRITIQUE during a short visit to Denver.

We wish to thank Russell H. Ingersoll (son of Dr. L. J. Ingersol, of this city), a member of the Colorado volunteers now in the Philippines, for a copy of "Freedom," Vol. 1, No. 1, Manila, P. I. The paper is very interesting, tells all about the soldiers, habits and customs of the people, and speaks in no uncertain tone for expansion.

Julia Downey FitzHugh, M. D., a graduate of Hahnemann, Chicago, is located at 1517 Welton Street.

Agnes Vivers Swetland, M. D., of Omaha, has written a book entitled "Is Marriage a Failure?" According to the review in the "North American Journal of Homeopathy," it is.

Rev. H. L. and Mrs. Beardsley announce the marriage of their daughter, Grace Florence, to Walter Joel King, Thursday, June 22, 1899, at Denver, Colo. Dr. and Mrs. King will be at home to their friends on Thursdays after August 10th, at 2934 Gallup Avenue.

Dr. Luella E. Axtell, of Chicago, called upon THE CRITIQUE while in the city. The doctor will locate at Cripple Creek, Colo. We understand that there is no lady physician there.

Dr. J. P. Willard's daughter, Vassalona Minerva, was married to Mr. Dwight Smith Bayley, on Thursday, June 1, at Plymouth Congregational Church, Denver, Colo.

We are pleased with the changes in the appearance of the "Homeopathic Hospital Envoy." The title page is very tasty in-

deed, and the cut of the hospital adds to it. We congratulate the W. H. H. Club on retaining Mrs. Mary A. Ingersoll as editor, which insures a bright, newsy paper each month.

Dr. J. B. Gregg Custis, of Washington, D. C., has removed his residence to 912 Fifteenth Street, McPherson Square.

Dr. G. S. Peck, formerly with Dr. Burnham, has opened offices in the Stout Block, No. 1427 Stout Street.

Dr. and Mrs. J. Wylie Anderson and family are spending July on the south fork of the Poudre, where the speckled trout abound in great numbers.

Dr. George Royal has been elected Dean of the homeopathic department of the State University of Iowa. The Des Moines Homeopathic Medical Society, by a series of resolutions, endorses the appointment of Dr. Royal, and pledges his administration hearty support. Good!

The Missouri Valley Homeopathic Medical Society will hold its fifth annual session at St. Joseph, Mo., the first week in October.

Denver Homeopathic Club.

Reported by Edwin Jay Clark, M. D., Secretary.

THE June meeting was held at the Brown Palace Hotel, on Monday evening, June 19, President Strickler in the chair. Dr. BROWN read a paper on "The Urine in Disease," and was followed by Dr. BEELER with a paper on "Practical Urinary Analysis." The discussion that followed was opened by

DR. FREYERMUTH, who said that the paper contained no truth stronger than the assertion that in the systematic and careful examination of a patient afflicted with a chronic disease there should be a careful examination of the urine. We, as homeopathic physicians, do not regard this with the dignity and importance it requires. Some of our chronic cases would improve, that are not improving, if we knew more about the condition of the urine in these cases and gave the proper treatment to correct such conditions. We know that urea and uric acid are toxic. The solids of the urine secreted for forty-eight hours, if returned into the system would produce death. If they remain in the system the produce morbid symptoms. A person weighing a hundred pounds excretes 854 grains of solids in the twenty-four hours;

one of two hundred, 1350 grains. I remember a rule Professor Bailey gave me. Multiply the last two figures of the specific gravity by the number of ounces excreted in twenty-four hours, and to this add one-tenth, and you will have the total amount of solids excreted. The retention of many of these solids is a cause of disease. Uric acid is the cause in nine out of ten cases of Bright's Disease. I also believe that many cases of so-called Menstrual Headache come from this same cause, uric acid.

DR. TENNANT.—Have noticed for several years that many of us have overlooked the importance of the urine. While not as necessary to us as to the allopath for purposes of diagnosis, it is just as essential to a correct prognosis. Fifty per cent. of deaths are the result, secondarily, of the accumulation of nitrogenous waste, as urea or uric acid. Shock is often due to the secretive functions of the kidneys. Impaired circulation, again, a cause of impaired elimination of nitrogenous waste. In all the acute diseases, and when there is impairment of the kidneys, some albumen is, as a rule, found in the urine. The amount in not what makes it of great importance. The presence of the albumen shows poor elimination of nitrogenous waste. We do not know the true pathology of uremia, the symptoms vary in wide limits. Let me emphasize the three conditions that Dr. Brown called our attention to: First, Quantity; second, Color; third Specific Gravity—the important items to notice. Chlorides show exudation changes in affections involving serious structures. In pneumonia, just before the climax, chlorides are almost nil. Kidney lesions as a rule have acid urine; bladder lesions, alkaline. Metabolism can be detected by use of Conct. Sulphuric Acid. If coloring matter, especially of the creatine order is present, there will be an immediate dark discoloration. This was formerly considered an Indican test, but now not so recognized. It shows the presence of potassa compounds from fermentative changes in the intestinal canal. Urea is the most important normal constituent, and the amount present will generally give the prognosis of the case. There are some compounds similar to sugar and often mistaken for sugar. After anesthesia we often find a reaction like sugar; it is a new compound, Glycuronic acid. It does not necessarily indicate sugar. In the determination of the presence of bile, you will find an advantage in using old nitric acid that has turned yellow.

DR. HARRIS.—We younger members cannot afford to lose our chronic cases, so must pay attention to these conditions. Proper diagnosis often leads to proper treatment. Case of tonsilitis prescribed for hastily with usual sore throat remedies with no relief, showed, on more careful examination, a nephritis following

Scarlatina, on giving a remedy (Terebiutha) adapted to this condition, the sore throat was relieved, but was prone to recur on taking cold. Later was exposed to small pox, refused to vaccinate but gave Vaccinimum 30, after the second dose there began a free action of the kidneys, and in the two years since taking that two drachm vial she has not been sick a day. In a great many chronic conditions our lead to a cure will come from our exact knowledge of the functional working of the kidneys. In all labor cases I require a previous examination of the urine. We have learned to examine the urine before operations. Forewarned, forearmed. The knowledge that pus comes from the kidney rather than from the bladder may allow us to pursue radical measures to save the life of the case.

DR. BURR.—Was especially struck with a single sentence that refers to the presence of phosphates in the urine. Albumen used to be considered a very alarming symptom to be present. Glad that it is exploded; have proven in very long experience, that albumen in the urine did not mean so much as I was taught when a student. Know of cases of twenty-five years ago where there was a large quantity of albumen in the urine, that instead of dying, as predicted from the condition, got well and are doing important work now. Suppression of urea is serious. Ludlow has called attention to the presence and importance of Phos. Acid in the urine. When increased he claims the necessity for the use of the Iodides or Bromides to reach a cure.

Through an error, a sentence was omitted in Dr. Brown's remarks at the last club meeting, as printed on page 238 of the CRITIQUE. The sentence reads: "Have been employing lately Antipyrine."

Reviews.

THE TWELVE TISSUE REMEDIES OF SCHUESSLER, comprising the Theory, Therapeutic Application, Materia Medica, and Complete Repertory of these Remedies.—By William Boericke, M. D., and Willis A. Dewey, M. D. Fourth Edition, rewritten and enlarged.—Boericke and Tafel, Publishers, Philadelphia Price, cloth, \$2.50, net. By mail, \$2.75.

This is unquestionably the best work on the tissue remedies that has yet been published. It is the most complete and comprehensive, and altogether the most satisfactory. The authors have carefully sifted the literature of the tissue remedies and given us a book of great practical value. The Materia Medica of the twelve remedies includes the synonyms, common name, chemical

data, preparation, physiologico-chemical data, general action, characteristic indications, homeopathic data, administration, relationship, etc. This is followed by the Therapeutics of the remedies, comprising indications and clinical cases, and following this is a very complete repertory arranged upon a pathologico-anatomical basis. In fact the structure and arrangement of the whole volume is admirable, and reflects great credit upon both authors and publishers.

THE ANATOMY OF THE CENTRAL NERVOUS SYSTEM OF MAN AND OF VERTEBRATES IN GENERAL.—By Prof. Ludwig Edinger, M. D., Frankfort-on-the-Main. Translated from the Fifth German Edition by Winfield S. Hall, Ph.D., M. D., Professor of Physiology in the Northwestern Medical School, Chicago, assisted by Philo Leon Holland, M. D., Instructor in Clinical Neurology in the Northwestern University Medical School, Chicago, and Edward P. Carleton, B. S., Demonstrator of Histologic Neurology in the Northwestern University Medical School, Chicago. Illustrated with 258 Engravings. $6\frac{1}{2} \times 9\frac{1}{2}$ inches. Pages xi-446. Extra Cloth, \$3.00. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

The translators could scarcely have done the American profession a greater service than they have by the translation of Prof. Ludwig Edinger's work on the anatomy of the central nervous system. It must meet the approval of every student of anatomy, and of every specialist in diseases of the nervous system. The illustrations are of a high order and add much to the interest and value of the book. The comparisons of man's anatomy with that of the vertebrates in general are exceedingly interesting and instructive.

The F. A. Davis Co., publishers, are deserving of great credit for producing books of such standard value as this one.

SUPPLEMENT TO MALCOLM AND MOSS' REGIONAL AND COMPARATIVE MATERIA MEDICA.—By J. G. Malcolm, M. D., Hutchinson, Kansas. Price, Flexible Leather, \$1.50.

Physicians who are the fortunate owners of the larger work of Malcolm and Moss, on Regional and Comparative Materia Medica, should certainly possess a copy of this supplement to the original book. It is arranged on the same plan as the work of which it is a supplement, and contains about 412 remedies, 200 of which are not in the original work. The two naturally belong together, and go to make up one of the most satisfactory works on Materia Medica in our school.

Prevention of Hay Fever.

In the January 21st, 1899, number of "The Journal of the American Medical Association," Dr. Alexander Rixa, of New York, contributed a very interesting article on "Prevention of Hay Fever," in which he says:

"About two weeks before the onset of the disease I commenced to irrigate or sterilize the nasal cavity and the post-nasal spaces with a harmless antiseptic solution, using the douche and atomizer. After giving a great number of antiseptics a fair trial, I decided on Hydrozone as the most innocuous and most powerful germicide. Hydrozone is a 30-volume aqueous solution of peroxide of hydrogen. At the beginning I use it for irrigation diluted in the proportion of one ounce of Hydrozone to twelve ounces of sterilized water, according to the severity of the disease. Increase the dose to two or three ounces of Hydrozone to twelve ounces of the sterilized water, according to the severity of the disease, using the douche, either tepid or cold, four times a day—morning, noon, evenings, and at bedtime—while during the intervals I use the atomizer, with a solution of Hydrozone and pure glycerine, or sterilized water, one to three, thus keeping the nares perfectly aseptic during the entire period, and preventing the outbreak of the disease in consequence thereof."

Entitled to Test of Own School.

In the recent case of *Martin vs. Courtney*, the Supreme Court of Minnesota holds that, in an action for malpractice, a physician or surgeon is entitled to have his patient tested by the rules and principles of the school of medicine to which he belongs, and not by those of some other school.

Malpractice a Defense to Suit for Services.

In an action to recover for medical and surgical services rendered, where malpractice is relied upon as a defense, the Court of Appeals of Kansas holds, in the case of *Abbott vs. Mayfield*, that it is reversible error for the Court to refuse to instruct the jury that, if they find as a fact that the plaintiff was guilty of malpractice, he cannot recover for such services.

Things to Remember.

H. F. McCrea, Druggist, Seventeenth and Champa Streets, Denver, keeps in stock a complete line of Halsey Bros. Co.'s Homoeopathic Supplies.

HE KICKED.—The maddest man in Platte county lives at Humphrey. He attended a social and during the evening the ladies inaugurated a hugging bee, the proceeds to go to the Sunday School. Prices were graded according to the person hugged. For instance, for hugging a young, inexperienced girl, the bidder had to give up 10 cents, married women 15 cents, and widows a quarter. Well, the man was blindfolded and, giving up 15 cents, he said he would take a married woman. After he had hugged fifteen cents worth the bandage was removed from his eyes, and lo and behold, he had been hugging his own wife! Then he kicked and wanted his fifteen cents back.

Things that cut can always be secured from W. H. Lauth Surgical Instrument Co., 1619 Curtis Street. Oxygen gas, trusses, crutches, batteries, elastic stockings, etc.

Major Blublud (learnedly): "Three-fourths of the human body, Majah, is composed of water."

Major Bluegrass (learnedly): "Dear me! I knew suthin' or other ailed me. That accounts faw the strange taste I have in my mouth when I wake up mornings."—*Judge*.

Surgery up to date, is made almost perfect by the aid and assistance obtained by the administration of Bovinine, locally as well as internally. Try it in any kind of a case, and you will not make any mistake.

"There goes one of the hardest worked men in this town."

"How can that be possible, he's rich, isn't he?"

"Yes, but he has three married daughters who work him for the support of their husbands."—*Chicago News*.

The nineteenth edition catalogue just issued, of the McIntosh Battery and Optical Co., 521 Wabash Ave., Chicago, offers a great bargain, in a 20 to 50 per cent. reduction. Read all about it on V.

"John," said Mrs. Bilkins, "I don't believe Tom will ever marry. He is too bashful to ever propose to a woman."

"Oh I don't know; he might meet a young widow some day," replied her husband.—*Ohio State Journal*.

That a solution of Iron Peptonate and Manganese, as prepared by Parke, Davis & Co., is unmatched in the treatment of anemic conditions where the digestive apparatus is impaired. It promotes nutrition in cases of chlorosis and neurasthenia. Try it.

A teacher in one of the Cleveland public schools said to the class in English composition : "I wish every member of the class would write out a conversation between a grocer and one of his customers, introducing some pathetic incident or reference.

Among the compositions handed in was the following by a sweet little girl :

"What do you want?" asked the merchant.

"The lady replied: 'A pound of tea.'

"Green or black?" asked the merchant.

"I think I'll take black," said she. "It's for a funeral." —*Cleveland Leader*.

Glycozone is the most powerful healing agent known; applied to any open wounded surface it at once destroys the pus, leaving the tissues beneath in a healthy condition, and stimulates healthy granulations and heals the sore.

Dentist—"When did your teeth first begin troubling you?"

Patient—"When I was cutting them."

"The Colorado Road" reaches a majority of summer resorts in the State. This road invites comparison of its elegant new trains with the trains of other lines which run between Denver and Colorado Springs. For detailed information consult T. E. Fisher, General Passenger Agent, Denver, Colo.

Algernon thought he was on the free list at the house of the revenue officer whose fair daughter had welcomed him so many times before.

But on this occasion 2 watchdogs met him at the foot of the steps and thought it their duty to levy a tear-off.

That was why he custom.

Ah, yes! Life is full of such horrors! —*Chicago Tribune*.

For general information as to locations and medical affairs in the west, you can obtain just what you want by writing to the Western Practice Bureau, El Paso Block, Denver, Colo.

"Isn't Belle's husband old enough to be her father?"

"Her father! Why, my dear, he's old enough to be a Captain in the United States Navy." —*Philadelphia North American*.

The Rio Grande R. R. has the finest dining car service and cars.

in the state; add to this the finest scenery in the world. For information consult S. K. Hooper, Gen'l Ag't, Denver.

Miss Oldbride's Papa: "I suppose you avail yourself of your privilege, Mr. Joyner, and kiss the bride."

The Parson: "When it is a privilege—yes!"—*Boston Transcript*.

His deep, bass voice went pealing through
The apartments of the flat—
"We start in thirty minutes, dear,
Begin to put on your hat."

—*Chicago Tribune*.

While you wait, remember G. H. Hussander will cheerfully fill your coal bins with any kind of coal desired. Also can supply you with hay, grain, flour, and wood. 2255 Larimer Street, Denver. Phone 747.

Bronco Pete: "Thar's a war hero comin' in on the next train, stranger, and we're goin' to have a reg'lar kissin' bee!"

Stranger: "Won't he object?"

Bronco Pete: "Oh! it ain't a he, stranger, its ole man Peter's darter Sal, wot's bin down in Cuby as a Red Cross nuss."—*Puck*.

We wish to call your attention to the liberal club rates offered on the title page.

Mr. Crimsonbeak: "There's a terrible smell of boiling cabbage throughout the house."

Mrs. Crimsonbeak: "Yes; we're boiling the lace curtains, in the hope of getting the tobacco smell out of them."—*Yonkers Statesman*.

The Burlington the road. It has flying trains, sleeping, reclining chair, library, and dining cars, all with wide vestibules and Pintsch gas. "When you take the Burlington you take the best." G. W. Vallery, General Agent, Denver.

The Boarding House Mistress (suavely)—"When the cook was cleaning this spring chicken to-day she found an old-fashioned silver 3 cent piece in its crop. Wasn't that strange?"

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Especially remember that for first-class printing of every kind, at prices that cannot fail to satisfy, the office of John Dove, 1623 Curtis Street, Denver, is unexcelled. Get his figures.

"I wonder what makes so many letters go to the dead letter office?"

"I suppose it's because the addresses are so perfectly killing."
—*Philadelphia Bulletin*.

F. Steinhauer keeps a full line of Boericke and Tafel's homeopathic medicines. Grape juice, absolutely pure. Tablets, pellets, dilutions, triturations and disks. Charles Block, Fifteenth and Curtis Streets.

"I wish I was a rabbit," said the boy, as he puzzled over his multiplication-table; "because," he added, "I read in the paper that they multiply rapidly."

Dr. Given's Sanitarium for Nervous and Mental Diseases at Stamford, Conn., offers excellent advantages for patients requiring special care and treatment. Dr. B. F. Bailey, President of the American Institute of Homeopathy, says: "I have known Dr. Amos J. Givens, of Stamford Hall, Stamford, Conn., for ten years. I have visited his Sanitarium, and have placed patients under his care, and can recommend Dr. Givens and Stamford Hall in the highest manner."

During this hot weather there is no preparation that will aid digestion and prevent fermentation of food as Panopepton. Fairchild, Bros. and Foster, New York, ad. appears on the fourth cover page. Read it.

"What soured your life?" asked the Judge of the desperado. "You seem to have gone back on the world. Why?"

"'Casse it hain't squar', yer honor."—*Detroit Free Press*.

Quickest time east or west, via the Union Pacific. No line has lower rates or makes faster time. Car service first-class in every detail. For full particulars call or address George Ady, General Agent, 941 Seventeenth St., Denver, Colo.

Mrs. Youngish—"Oh, Bob! What shall I do? Baby is crying because I won't let him pull all the fur off my new muff."

Mr. Youngish—"Well, that's all right; give him the cat."—*Boston Traveler*.

T. J. White, 1544 Champa Street, will fix you up in anything in his line—Plumbing.

Lives there a boy with soul so dead,
Who never to himself hath said,
As on his bed shone morning's light,
"I wisht the school burnt down last night."

—*L. A. W. Bulletin*.

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Appendicitis.

By E. N. Leake, M. D., Fremont, Neb., Second Vice-President of the Nebraska Homeopathic Medical Society.

[READ AT THE JUNE MEETING, 1899.]

APPENDICITIS is of three varieties,—acute, sub-acute and fulminating. An attack may end by resolution, may go on to localized fibrinous peritonitis or to septic infection, either by perforation or escape of micro-organisms. This septic process may form an abscess which may be extra-peritoneal, because a portion of the organ is so situated. In the vast majority of cases, however, the abscess is intra-peritoneal, protective adhesions making it a localized suppurative peritonitis, or in the absence of protective adhesions a general septic peritonitis may be set up, either rapidly or slowly, according to the quantity of poison thrown out. The remote results are of two kinds, (1) recurring, (2) relapsing or chronic appendicitis. In recurring, the attacks recur with varying frequency and severity until one of the immediate results mentioned above intervenes or until the attacks cease for good. In the relapsing variety the attacks may recur the same, but the patient is never free from tenderness and pain during the interim, and later perforation or extra appendicular infection or gradual recovery takes place. The pathology of appendicitis is as clear as mud. The old seed theory is exploded; foreign bodies forming so small a proportion of the accumulations found in the appendix. The stercoral theory is still supported, the escape of the coprolith bringing an attack to an end, while its retention produces pressure, necrosis and perforation. The circulation theory has attracted attention and is logi-

cal, the blood supply of the appendix, beyond a few minor anastomoses with the coecum, is of terminal or end artery variety coming through an easily stretched meso-appendix. Hence sagging of the coecum, bends or distension of the little organ, pressure of hardened feces which result in bruising the parts in tissue, may interfere with the nutrition of the appendix so as to cause local and general death. This theory is supported by the fact that the disease occurs four or five times more frequently in males than females; the appendix of the female deriving an additional blood supply through the appendiculo-ovarian ligament. This fact may account for the frequency with which the appendix is found in the female pelvis and the fact that females often menstruate soon after an attack. If we add the chronic, trophic and circulatory changes that have been observed and studied by Fowler in the meso-appendix, which are supposed to go on in silence until they arrive at a point when they produce an attack, we have briefly summed up the pathology of appendicitis.

We should study to become acquainted with the clinical picture of a case of appendicitis, for the successful treatment depends upon an early diagnosis. An attack usually begins with abdominal pain, which may be diffuse or be referred to the umbilicus or epigastrium. It is colicky or paroxysmal in nature and runs through all grades of severity, from a condition of apparent collapse, to suffering that does not confine to the bed or even to the house. It ultimately settles in the right illiac fossa. With the pain is associated vomiting, the ejecta consisting of the contents of the stomach and bile. The bowels are apt to be confined, although diarrhoea may be present. As the cause for such an attack we find a dietetic error, overloading the stomach or indulgence in some particular article of food or drink that disagrees; exposure to cold or over-exertion, or in the female to expected menstruation. We usually have a temperature rise and pulse acceleration. Here we see a picture calculated to mislead any one not on his guard—an attack of indigestion or menstrual colic. An axiom of the writer's is in such a case, "Appendicitis, till proven to be something else." The sine qua non is an early diagnosis. The patient is made to lie prone on his back and ob-

served. The right lower limb is sometimes drawn up, or the patient prefers to lie on the right side curled up. The abdomen may be somewhat distended and this distension shows itself more particularly in the right lower segment. This much we have seen. We now palpate, and with a definite purpose, *i. e.* to find or exclude rigidity of the right rectus muscle and tenderness over the appendix.

The left side of the abdomen is first systematically palpated with the fingers of one hand, going from above downward and with gradually deepening pressure. The tension of the two recti is now compared, first one and then the other being lightly and deeply palpated, care being exercised to prevent voluntary fixation. The right side is then palpated in the same manner, a tenderness will be found in the illiac fossa, and this is verified by comparing the left side. Lastly, a spot is selected one-third of the distance from the ant. sup. spine of illium to the umbilicus. On a line between these points the fingers are pressed into the abdominal wall. The same is done with a corresponding point on the left side. This will undoubtedly show tenderness at this McBurney's point. With this examination and the complex of symptoms just described, we should be able to arrive at a diagnosis, and that at once.

The facial expression has been of great use to me in a diagnostic and prognostic sense. The experienced eye will often tell impending disaster in obscure cases.

The tongue is always coated and flabby, showing the imprint of the teeth. A strong symptom, and oftentimes the first sign of improvement, is a firmer look of the coating. Distension may be present and general, caused by reversed or arrested peristalsis from obstruction. Should it persist and be associated with vomiting, it is a serious symptom. Constipation, in my experience, has always been a forerunner of appendicitis. Hard impacted feces are usually the cause of a slimy diarrhetic discharge from the colon.

I have been lead to say that a person whose stools are always soft and natural will never have appendicitis. The bruising of the parts alters the nutrition in time. Pain is always the

initial symptom. It may be diffuse or referred to any part of the abdomen, its location having absolutely no diagnostic value. Most mistakes are made by relying on this symptom. Sooner or later this pain become localized at the seat of mischief. With the advent of general peritonitis it usually disappears. Tenderness after all is the deciding symptom; without it we cannot make a diagnosis. When made out at the McBurney point it is pathognomonic. The appendix may be found in every conceivable position and the perforation or abscess may be remote from its natural position. Many an abdomen has been opened near McBurney's point, and the operator found what he supposed was a case of diffuse or fulminating peritonitis, the autopsy revealing an abscess in some under part of the abdomen. Ergo if there be no tumefaction open the abdomen in that immediate line. Temperature is an uncertain criterion and while it may be of some prognostic, it is of no diagnostic value. The pulse too is overestimated. When peritonitis sets in it has its characteristic pulse.

We now come to the most important part of a dissertation on appendicitis:

TREATMENT.

It has been said, appendicitis being a surgical disease, at the first indication send for a surgeon, *i.e.*, one of those specialists who believe that God Almighty made a mistake and left a caudal extremity in every man's abdomen when it should have been left outside somewhere. Dr. Niles, at the American Medical Society at Denver last year, argued that every case should be operated upon and the appendix removed, and that if every case was operated in time the death rate would be 2 per cent. The result of this rotten teaching, or philosophy, is that a real genuine case of appendicitis is not complete without an autopsy. It is high time these one-eyed, one-ideal specialists should call in, yes, turn those cases over to a sensible, broadminded, general practitioner and do without the autopsies so often. We don't need them.

A study of this disease clinically and anatomically for ten

years, has impressed the writer that the vermitiform appendix is not a useless freak, but on the contrary, was put there for a specific purpose, viz., to assist in the opening and closing of the ileo-caecal valve—that it is a muscular organ having the power of contracting and elongating,—that everybody minus an appendix is crippled anatomically and physiologically, and is much more subject to inflammatory troubles in this region than one possessing the healthy organ—that in ninety-nine cases out of a hundred the appendix is not the seat of the trouble—that the knife is indicated only to open pus cavities and remove necrosed appendices.

That the knife is indicated usually in cases that have not received prompt and proper treatment, the exception being the appendices that contain coproliths. That recurrent cases must be operated upon to produce the best results is an error. One case in my practice recurred six times and is well today. The attacks in this case were produced by indiscretions. What will bring on an attack in the first place will repeat it, and if the treatment be prompt and energetic, the attacks may be headed off many times without the formation of pus.

Every case of appendicitis of which I have been cognizant, there have been two conditions present: First, a mechanical; second, a pathological. These conditions must be overcome if we have success. The mechanical part is demonstrated by an astonishing amount of hard accumulations of fecal matter in most cases. I am anxious, in the first place, about cleaning out this alimentary canal thoroughly. Nature tries to help herself by emptying the stomach, and often times by carrying loose evacuations from the bowels. I complement her efforts by giving repeated high anaemas of hot soapy water and oil, also tablespoonful doses of refined sweet oil by mouth every two hours. The next step is the application of intense dry heat over abdomen, which I accomplish by using a hot air apparatus which is strapped to the abdomen and heat generated by alcohol or gas lamp. I feed my cases sweet oil for months after an attack, which lubricates the parts without increasing the peristalsis materially, and increases the nutrition of the parts, which obviates the cause of

the trouble. The heat relaxes, overcomes inflammation, relieves pain and assists absorption. I give the indicated remedy, Acon., Bell., Bry., Merc., etc., in the acute stage, and Rhus tox in chronic forms. Twenty drops of the 2x of the indicated remedy, dropped upon the positive sponge electrode of a galvanic battery and placed over the seat of the inflammation, the negative on the back ten minutes every hour in acute cases, a very light gentle current being used, will produce astonishing results. In chronic cases, when there is left a thickened indurated condition of the glands and tissues of the parts, this catalytic action of the galvanic current when Rhus tox 2x is used will cause it to absorb. I use the knife only to evacuate pus cavities. If possible go down to the cavity outside the peritonaeum, tap and drain like any pus cavity and I have the audacity, yea the effrontery to stand up before this intelligent audience and say that this treatment will make useful bodies for 96% of those who may suffer from this dread disease.

Is Consumption Infectious ?

Some interesting facts as to consumption were afforded at a meeting of the Ventnor District Council, when the Medical Officer of Health reported the statistics he had received from the medical officers of other towns of similar population, but not health resorts, as to the deaths of inhabitants from this disease. At Ventnor for the past ten years the death-rate of the inhabitants from consumption was 0.8 per thousand. At a town in Sussex it was 1.2 per thousand; at a town in Yorkshire, 1.6 per thousand; and at a town in Devonshire, 1.5 per thousand. The chairman of the cemetery committee said he had investigated the burial books, and found that the burials of inhabitants consisted almost entirely of young and old; therefore the present theory that consumption was infectious was absolutely knocked on the head, as Ventnor had for fifty years been one of the chief resorts for consumptives.—*Health (London, Eng.)*

General Medicine.

Edited by W. A. BURR, M. D.

A scientific journal, in speaking of the influence of mind on the body, cites the case of a melancholic patient who refused all food, and as a consequence was rapidly wasting away. He was placed in a room painted and furnished in vivid crimson, the room also being brightly lighted at night. In a very short time all despondency left the patient and he became even hilarious and ate with a relish.

Sombre and dull colors are known to depress the mind, while others stimulate it. This teaches the importance of having home decorations in bright and cheery colors. By so doing many morbid conditions of mind may be prevented and many a gloomy disposition changed to a cheerful one. When Providence created the sunshine and the light, He did so for the general happiness and wellbeing of man. The physician's duty being to prevent as well as to cure disease so far as he can, he may show his patients the importance of plenty of light and bright cheery colors in their dwellings.

B.

Formaldehyde in Consumption.

The editor of the *Medical Visitor* speaks in high terms of the use of formaldehyde adjuvant in the treatment of consumption. He gives record of three cases, two of which recovered. He considers the disease an auto-infection arising from lowered vitality, and the germs a *result* and not a *cause*. If the sputa could be rendered innocuous a great point would be gained.

In using the formaldehyde he stretches a line across the room of the patient, throws over this line some sheets sprinkled with a five to eight per cent. solution of the formaldehyde. In this way the patient constantly receives the germicide by inhalation.

This he uses as an ajuvant merely in connection with the homeopathic remedy.

Dr. Murrell, of London, has been making a similar use of the formaldehyde. He has found that the "tubercular bacilli remain unaffected" in a six per cent. solution of formaldehyde, showing the disease to be arrested. This use of the formaldehyde is easy of application, and furthermore has in it the element of reason to commend it. Let the profession test its value.

Anent Antitoxin.

"And now is the season of our discontent. The death rate from diphtheria in New York and Philadelphia ranges around twenty-eight per cent., and this too in spite of the fact that the greatest attention is paid to the production of horse-serum for the cure and prevention of diphtheria in these cities. The deaths from this disease in Philadelphia during 1898 was 1,154, and in the year 1897, 1,459 deaths, and an increase in the latter year of 990 cases over 1898. Is this another fad? Have we tramped to Jericho and back and found naught along the highway but the skulls of disappointed hopes? Alas! poor Yorick! And to where shall we go. Let us suggest that a careful study of Homoeopathic therapeutics offers the best results in the treatment of these cases.—*Medical Visitor.*

Fluoric Acid in Varicose Veins.

Dr. M. Daniels says (*Homeopathic News*): "In varicosed veins where every means of cure or even benefit has been exhausted, without apparent effect, such as bandaging, local application of oak bark ooze, the internal administration of Ergot, Hamamelis, in fact every remedy known to have a styptic or contracting effect upon the venous system, give Acid Fluoric,

6x, diluted, ten to twenty drops to water four ounces, teaspoonful every four hours. It will not disappoint you.

The remedy will do no good where the veins are twisted and contorted, but will benefit even these cases in all places save the contorted areas. Acid Fluoric gives tone and power to the venous walls, and thus prevents the relaxed condition that must necessarily exist before a vein becomes enlarged. This may appear like mere moonshine treatment, but when I recall the number of cases from three to twelve years standing, cured by this remedy alone, it is sufficient evidence to enable me to conscientiously recommend it for your consideration, feeling that you will be more than gratified with the results, should you give it a fair trial.

Acid Fluoric exerts a powerful influence upon the skin, removing troublesome and persistent pimples of syphilitic origin, and acne when other reputed remedies fail."

Vinegar to Prevent Smallpox.

The vinegar treatment as a preventive against the contagion of smallpox, discovered and introduced by Dr. C. F. Howe, county health officer of Atchison, Kansas, has passed the point of mere theory and is now an established fact, having been efficient in several hundred cases of exposure in the city of Atchison and Atchison county. Many of these exposures have been the nurses, as well as many others that it was impossible to isolate from the original case of smallpox for the want of room. In other words, anyone, vaccinated or not, can nurse a case of smallpox without fear of contracting the disease if, at the same time, they use the vinegar in tablespoonful doses four times daily in half cup of water. It can be taken in less amount for small children or more by adults.

Dr. Howe advises the use of pure cider vinegar only, as all others contain alcohol. Even after the person exposed has run almost the entire incubation period, the use of vinegar will either

abort the disease entirely, or modify it to the extent of having all the prodromal symptoms without the disfiguring eruption. To get the immediate control of a smallpox epidemic in a community, everyone should take a course of vinegar for a week, whether exposed or not.

Dilute vinegar applied locally will control the itching of smallpox. A slippery elm poultice applied to the face while in the vesicular stage, will not only abort the pustular stage, but prevent the pitting. The poultice must not be used until the vesicles have formed.—*Exchange.*

Therapeutic Effect of the Reontgen Ray.

Dr. Southgate Lee has reported a few cases which bear on this subject. The first was that of a young man with a bullet in the thigh. At the time of the examination the knee was very much swollen, exquisitely tender and painful. The slightest touch or motion made him cry out in agony. The doctor, having at that time an imperfect coil and poor tube, exposed the knee to the X-rays for four hours in order to get a photograph. The next day the patient moved about the bed without pain, the second day he was up in a chair, and the third day he was walking around on crutches.

A second case was one of tuberculosis of the elbow joint. Prof. Wyeth had advised excision. Nicola Tesla, when consulted, advised a trial of the X-ray. Accordingly, the joint was exposed to the ray two or three times a week for two hours each time, until the total exposure was about twelve hours. After each exposure a wet dressing was applied. In a short time all signs of inflammation had disappeared, and now eighteen months have passed without any return of the disease.—*Health (London, Eng.)*

MATERIA MEDICA.

Edited by Edwin Jay Clark, M. D.

A prescription made of homeopathic medicine purchased of a homeopathic pharmacy, by a homeopathic doctor graduated from a homeopathic college, does not mean that the homeopathic law has been properly applied in making the prescription, and hence it should not bear the odium of failure because it is not what it is labelled.—*C. A. Werrick.*

Hay Fever.

In the beginning we will think of Carbo Veg., Ars., Allium cepa, and Euphr. With Carbo V. there is a great deal of watery discharge, and the irritation extends down into the chest, with hoarseness and rawness. In cepa we have excoriating discharge from the eyes; in the larynx, sensation as if a lot of little hooks were there, and sometimes this extends below the larynx; it is also worse in a warm room, like Puls. The Euphr. looks a good deal like Cepa, only the discharge from the eyes is copious, watery and burning—the lacrymation burns the eyes and excoriates the cheeks; discharge from the nose is blood, like Puls.; sometimes this goes down into the chest, then it is no longer Euphrasia.

Iodine is worse in a warm room; thick discharge from nose which burns and excoriates and is yellowish green; but there is one thing that differentiates it from all others—the patient immediately begins to emaciate when the complaint comes on, and is very hungry. Kali hydr. thick yellowish discharge, worse in warm room; there is a great amount of rawness and burning in the nose; external nose very sore to pressure; sensitiveness in the root of the nose; whole face aches and patient is extremely

restless; wants to walk in the open air, which does not fatigue him.

Ars. Iod. anxiety, restlessness and weakness; frequent sneezing and copious watery nasal discharge that burns the lip. Burning watery discharge from the eyes makes you think of Arsenic. Arsenic wants to be very warm; wants hot water applied to the eyes; the only relief from sniffing hot water up into the nose. The Ars. Iod. is worse in a warm room, and for days after sneezing, the discharge thickens, becomes gluey, looking like thick, yellow honey; this excoriates; much pain through the root of the nose and eyes; often rawness in the chest with dyspnœa. The remedies having the dyspnœa are Ars., Ars. Iod., Iod., Kali hydr. and Sabad.; these are the ones I have found most frequently indicated in the asthmatic forms of hay fever.

Psorinum has the copious, watery bland discharge from the nose, it may be excoriating, it has both. The stuffing up of the nose generally takes place in the open air; he is relieved in a warm, close room and by lying down; has some dyspnœa, relieved by stretching arms at right angles with the body. Hay fever is a psoric disease. Its is hardly ever that the second dose of Psor. will benefit. The attack is not the best thing to prescribe for. Nux V. has a free easy breathing in the open air, but when he goes into a warm room his nose stuffs up, which also occurs at night, though the water drips on the pillow, yet he stuffs up like Puls., Bry., Iod., Ars. Iod. and Cyclamen.—*Kent.*

Skookium Chuck, profuse coryza with constant sneezing. Appetite greatly increased. Rheumatic pains in limbs and about sacrum.—*Gentry.*

Naphthalin, sneezing, eyes inflamed and painful, head hot. Asthmatic symptoms predominate worse in the open air, with soreness in chest and stomach.

Ambrosia, Dr. Rixa claims to be the exciting cause of hay fever. There is a "stuffed up" feeling in nose, head and chest; eyes water and smart. Wheezy cough with pain in the chest and uncomfortable "stuffed" feeling. Nose red and swollen with profuse watery discharge; or stuffed and dry; and again, nose bleed.

High Potencies.

If our medicines were not powerful enough to kill folks, they would not be powerful enough to cure sick folks. It is well for you to realize that you are dealing with razors when dealing with high potencies. I would rather be in a room with a dozen negroes slashing with razors, than in the hands of an ignorant prescriber of high potencies. They are means of tremendous harm as well as of tremendous good.—*Kent*.

Natrum Mur.

Dr. Holmes, in the last *Medical Advance*, reports a case where the unnatural craving for salt called attention to the fact that the other symptoms were Nat. Mur. The 200 potency removed the desire and produced a decided improvement in the patient's symptoms.

Cheap Medical Attendance.

In Australia people join friendly societies and obtain the services of the club doctors for 3d a week, which in that country seems to be the standard club fee. One medical man attended an ex-mayor with many thousands. He paid him about two hundred visits and consultations during the three years, and got nothing beyond his 3d a week. Another has attended a bank manager, two brewers, several well-to-do storekeepers and a good many farmers. One doctor says he attended a man worth from £20,000 to £30,000, who lived in a castle in an eastern suburb, while another had a patient whose will was proved at £22,000, yet he had attended him and his family for 13s. per annum.—*The Hospital*.

SURGICAL DEPARTMENT.

Edited by J. WYLIE ANDERSON, M. D.

We are glad to note that the tendency of the times is toward conservatism in surgery. The thinking men of both schools are reasoning more and more, considering the ultimate effect upon the patient, rather than to say they have operated upon — number of cases. Record makers for operations rather than for results. What could be more unconscionable? Yet such has been the case, and is to-day the practice of many surgeons.

Diagnosis of Cancer of the Breast.

1. Classical signs of cancer: *a*. Adherence of tumor to skin and deep parts. *b*. Retraction of the nipple. *c*. Hardness of the tumor. *d*. Early involvement of axillary glands.
2. In certain cancers of the breast these are not always all present.
 3. Chronic mastitis and cancer of the breast. *a*, Hard to distinguish from beginning cancers. *b*. Usually occurs during pregnancy or after parturition, this not common with cancer. *c*. Edematous condition not seen in cancer, in which tumor does not keep imprint of finger on only to a small extent. *d*. After retraction of nipple, but in a regular manner, surrounded by a circular ridge of skin which, if pulled out, will allow the nipple to stand out—this is not the case in cancer. *e*. Pain severe and attacks more frequent, while in cancer there may be no pain as long as there is absence of ulceration. *f*. Improves under the influence of rest and pressure.
 4. Tuberculous lesions of breast and cancer. *a*. Generally co-exists a regular pulmonary tuberculosis. *b*. Temperature changes suggesting tuberculosis. *c*. As in all tuberculous lesions we see after a while symptoms of local inflammation, often end-

ing in fluctuation through the formation of more or less cheesy pus.

5. With all these rules for diagnosis we still are sometimes rather in the dark; in such cases our duty is very clear—operate at once!—*The International Journal of Surgery.*

Homeopathic Surgery.

The definition of the homeopathic physician adopted by our State Society reminds our specialists that their peculiar province is to advance the application of homeopathy in their surgical as well as their medical cases.

Unfortunately, the practice of surgery seems to be deleterious to accurate prescribing. A large number, if not the majority, of the homeopathic surgeons do very little careful prescribing. One cause for this is that (very properly) they study old-school text-books and journals, and rely upon them to a greater proportionate extent than do our physicians; another is the tendency, when trying an operation recommended by an allopath, to adhere to the treatment given by the author; a third cause, and one which can and should be removed, is that our surgeons when reporting their cases ignore or slight the medical treatment, often merely citing a number of drugs as having been administered or "to be given as indicated."

Our remedies give us a great advantage over the old-school surgeons and specialists. How could we get on without aconite, ferrum phos., belladonna, calendula, silicea, etc.? Capsicum has cured mastoiditis that had been sent into hospital for operation; that was a triumph, not only for homeopathy, but for the homeopathic surgeon.

Our young surgeons have a right to the medicinal as well as surgical experience of their elders. It is time, trouble, and space well spent to detail the conditions and symptoms which the prescribed drug relieved or failed to relieve. In the former case the reiteration of corroborations fastens the symptoms and conditions

in the memory and encourages us to rely—not unduly—upon our remedies; in the latter, we may check the claims made for certain drugs.

When this is properly done, the superiority of homeopathic surgery will have to be acknowledged, and our surgeons and specialists will be the teachers and not the mere imitators of the allopaths.—*Ed. North American Journal of Homeopathy.*

Cure for Lockjaw.

Lockjaw, when caused by a wound, has long been considered incurable, and it is only of late years that a few instances of successful treatment have been recorded, the most striking being those effected by the Indian woorali poison and by enormous doses of alcohol. Two cases are reported in which all the alarming symptoms were removed by violent perspiration. The first was that of a young man of 2, who had the misfortune of having his hand caught in the gearing of a thrashing machine, part of the skin was carried off, but in the course of a fortnight everything seemed progressing toward a speedy cure, when one morning the patient awoke with a strange rigidity in his jaws, violent pain all over the sternum, intermittent difficulty of breathing and convulsive starts in the lower limbs. A doctor being called in, he immediately proceeded to throw the patient into a violent perspiration. For this purpose he had hoops put under the bedclothes in order to prevent their contact with the body, and then got four deep pots filled with quicklime, which he slightly moistened with water.

To prevent the skin from being scorched each pot was wrapped in linen and then placed on each side of the patient, orders being given to the family to moisten the quicklime from time to time and to change it when exhausted. The heat engendered was so intense that on the first day the bedclothes caught fire, which, however, was speedily extinguished. As for the perspiration, it was so immoderate as to pass all belief. On

the fifth day all tetanic symptoms had disappeared, except a little stiffness in the jaws; the patient was in a state of complete prostration, which was, however, removed by good nourishment, and a few days after all traces of the dangerous affection had disappeared.

The second case was that of a day laborer, who, when the doctor came, seemed to be in a dying state. He at first denied having had any wound, but upon examination an injury caused by a hobnail was discovered on one of his great toes—a circumstance the patient had forgotten. The treatment was the same and attended with the same result.

Treatment of Sweating Feet.

Gerdeck (*Cent. fur die Ges. Ther.*) recommends for the cure of this affection painting the soles of the feet with formalin. In the afternoon, the evening and on the following morning the soles and heels are treated, the brush being carried over these surfaces four times; twice over the plantar surface of the toes. About twenty drops of formalin are used for each application. Four to six drops of the antiseptic are poured into each shoe.

Almost immediately the offensive odor disappears.

If a thirty per cent. solution of formalin is used, six or seven coats should be applied at each treatment.

The effect of these paintings lasts three or four weeks, when they must be repeated. The application is slightly painful, but not in the least crippling.—*Mass. Med. Jour.*

Dr. W. F. Ball, of Mantua Station, Ohio, writes: "To cure zymotic poison, snake bite, or any poison in system, give an adult dram doses of Lloyd's specific tincture of scinatia angusta; it acts like a charm."—*Med. Summary.*

Not a single death occurred from chloform in the American army during the recent Spanish-American war, although it was used exclusively.

Gynecology and Abdominal Surgery

Edited by S. S. SMYTHE, M. D.

Intractable Insomnia Due to Persistent Hymen.

In July, 1898, I was consulted by an unmarried lady, aet. 28, for insomnia which had annoyed her excessively for ten years. She was visiting friends in Denver, and came here hoping the change would benefit her. She had been treated by prominent physicians of all schools, in St. Louis, New York and Philadelphia, without any relief. Said she was tired of taking medicine, and came to me at the earnest solicitation of her Denver friends, but without expectation of being benefited.

Investigation did not elicit any symptoms to account for the insomnia. Menstruation was regular and normal. With the exception of a moderate degree of constipation, all the functions seemed to go on naturally. She was rather pale, but the body was plump and apparently well nourished. Her appetite and digestion she said were good. Knowing something of the physicians who had prescribed for her, I frankly told her I thought internal medicine would not benefit her; that there must be some local trouble causing reflex irritation, and suggested an examination. After considerable persuasion she consented. A careful inspection of the rectum did not reveal anything abnormal. Turning my attention to the vulva and vagina, I immediately discovered what I at first thought was an imperforate hymen, but the use of the probe disclosed two small, valve-like openings; one on the upper right side of the vagina, and the other at about the center of the vaginal floor. This band was very dense, thick and rigid. Objection being made to chloroform, I applied a strong solution of cocaine and divided the membrane by slitting it from one opening to the other. This caused considerable pain, but assuring her that a more thorough application of the cocaine would now enable me to complete the operation without distress-

ing her, I succeeded, after a little time, in removing the entire band with Emmet's lateral curved scissors. The bleeding was rather profuse for a few minutes, but soon subsided. There was considerable soreness and irritation for a week, but the sleeplessness was relieved almost immediately, and there has since been no recurrence in over a year.

The Pampiniform Plexus.

George Halley (*The Jour. of the Amer. Med. Assn.*, April 29, 1899) says that patients often complain of excessive pains in the lower part of the abdomen. The pain is not confined to the pelvis, but radiates upward and backward, following a line about two inches inside the crest of the ilium. Sometimes the pain is on the outside or back of the thigh; sometimes it is confined to the lower portion of the iliac fossa and upper two inches of the thigh. It is usually of a dull, aching, persistent character, increased by motion or pressure. It varies in its relation to the menstrual periods. The usual symptoms occurring with this condition are constipation, painful or difficult micturition, nervousness, sleeplessness and prostration. While cystic degeneration of the ovary is often the cause of this train of symptoms, in many cases it is due to a varicosed condition of the pampiniform plexus. The veins composing the plexus are sometimes as large as a lead pencil, and tortuous, with the walls enormously thickened. This condition can usually be differentiated from cystic ovary. In the latter case the ovary is excessively tender, and the pain is most severe during the menstrual period, while in the former condition the greatest freedom from pain is after the menstrual flow has been fully established and the ovary is free from tenderness. In cystic ovary menstruation is irregular, the periods being much further apart than normal, while in the varicosed condition of the plexus the flow often occurs twice in a month, though in both conditions there may be normal menstruation. Hot douches aggravate all the symptoms. The writer's

treatment is to ligate both ends of the vein of this plexus with some good, strong material, and cut out or ligate and cut out veins, just as is done in most cases for the radical cure of varicocele. The ligation must be very thorough, as the artery will produce a hyperæmic condition of the ovary, and there is danger of hemorrhage from the ends of the cut vessels.

The reason that operations on the ovary often fail to relieve pain is owing to the fact that the plexus, and not the ovary, was diseased. Even where the ovary is cystic it is possible that ligation of the veins might be beneficial, if not a cure, and the woman would still be sexually perfect.

Bleeding the Cervix for Vomiting In Pregnancy.

Dr. R. N. Foster gives the following directions for this procedure :

An ordinary bivalve speculum is introduced, and the cervix brought fairly into the field by sufficient pressure on the fundus. If the cervix is not dilatable, it must be gently dilated so as to admit an ordinary gum lancet—the dilation not being carried far enough up to disturb the inner os. A cone-shaped plegget of cotton on the end of a long dressing forceps is a convenient dilator. Or the same forceps may be introduced about three-quarters of an inch, and the blades then separated. All that is required is room for the introduction of the lancet. A curved, sharp-pointed bistoury will also answer the purpose. Usually, however, no previous dilation will be found necessary, the os being most frequently soft and slightly patulous in such cases.

The blade of the lancet—the gum lancet—is to be pushed up the cervical canal about half or three-quarters of an inch, and then withdrawn, making sufficient pressure to cut the mucous membrane, down to the external os. Bleeding follows, of course, and if it is very scant, say only a few drops, another incision must be made. When a quarter of an ounce or half an ounce of blood has escaped, it is sufficient. I have seen this simple pro-

cedure followed by immediate improvement in several instances, and the improvement was continuous, until complete recovery. In some cases it has been found necessary to repeat the operation within a week, and this to a third or fourth time.

There is no pain felt by the patient. There is no danger of causing abortion, unless the physician is careless enough to disturb the internal os.

In one case only have I found this treatment to fail, and that was one complicated with a previous history of abortions from tumor of the broad ligament. Her case terminated in spontaneous abortion at the third month, with a blighted embryo.

Thorough dilation of the cervix by means of the gynecological dilators, up to the internal os, is also sometimes efficient, but in the "pernicious" cases it is only bleeding that in my hands has cured.

The effect is out of all proportion to the means employed, or the amount of blood lost. It can only be compared with the best results sometimes obtained by lancing the gums in children whose attempts at teething have been accompanied by a dangerous degree of cerebral irritation.

Ichthyl in the Treatment of Anal Fissure.

Conitzer (*Munchener Medicinische Wochenschrift*, No. 3, 1899) holds that ichthyl is particularly serviceable in the treatment of anal fissure. The applications are repeated twice daily at first, cocaine being employed to diminish the pain. The pure preparation is used towards the end of treatment. A cure results in a few days.

Pain or numbness in the outer part of the thigh denotes some disturbance of the sexual organs in both male and female. Sciatic neuralgia often depends, in females, on inflammation of the ovary; in men, on irritation of lumber or sacral nerves.
—*Med. Summary.*

Eye, Ear, Nose and Throat.

Edited by DAVID A. STRICKLER, M.D.

Dr. E. H. Linnell, in the July issue of "The Homeopathic Eye, Ear, Nose and Throat Journal," reports two interesting cases of marked necrosis relieved by wearing properly fitted spherocylindrical lenses.

The first a lawyer, thirty-six years old, who had several years in succession recurrent attacks of mania, coming on the latter part of the summer and lasting several months. "They were characterized by intense physical restlessness, insomnia, irrational talk and profanity, to which he was not addicted in health, a disposition to make extravagant gifts to indifferent persons, unusual and foolish behavior, moroseness, suspicion and destructiveness. On one occasion he chopped a hole in the floor of the parlor, and on another he commenced to knock down the supporting pillars of the house in the cellar."

He was examined at the beginning of the attack in 1897, the attack was lighter than before, and there was no return in 1898, nor since.

The second is that of a man twenty-two years old, who, for five or six years, had had epileptic seizures, of increasing severity and frequency, until sometimes they occurred several times within twenty-four hours. The seizures were genuine epileptic convulsions, with unconsciousness and followed by deep sleep. "He became so nervous and apprehensive that he never left home under any circumstances."

Examination of the eyes revealed compound hyperopic astigmatism with exophoria. The prescription of spherocylinders entirely relieved him. "He has had no convulsions since commencing to wear the glasses, now two and a half years ago."

He concludes that "eye-strain should be included among the exciting causes in persons of neurotic temperament, and

therefore a careful and thorough examination of the eye should never be neglected in any chronic or obscure nervous disorder."

Isaac C. Soule, Ph. D., M. D., in the *Hom. Eye, Ear, Nose and Throat Journal*, of July, 1899, reports on the use of some animal extracts in the eye and ear.

As to the nutrient action of protonuclein dusted on the cornea he reports first the case of a young lady, eighteen years of age, injured the right eye at the age of four by being struck "by the sharp point of an iron hand-sled runner." Condition of eye when seen first, "right eye inflamed and painful, sensitive to pressure, worse from use of other eye. If she catches cold or for any reason feels worse than usual, apt to be inflamed, and always painful at menstrual period." Cornea shows several irregular scars. Patient cannot count fingers nor find way about the room. Consent to removal of the eye being refused, the cornea was liberally covered with powdered protonuclein, and direct massage with silver spatula practiced for five minutes. Treated three times per week for three months, when massage was discontinued but protonuclein dusted in the eye for several months, with entire relief of pain, inflammation, scar tissue, and a subsequent vision with glasses of 20-40.

A second case of a lady, forty years of age, suffering from a superficial ulcer of the cornea, with diffuse infiltration of the cornea, resisting several months' treatment at the hands of another oculist, entirely healed in 36 hours after cleansing, curetting and dusting with protonuclein.

As illustrating the action of protonuclein on morbid growths, he reports:

First. A case of *Pannus* from trachoma, in which the vision was limited to seeing motion of hand. Treatment consisted of dusting cornea and massage, with rapid improvement from the beginning, and with almost total disappearance of opacity.

Second. A case of *Leucoma*, result of a burn by a mitigated stick. Treated in the same manner, with cure in six weeks.

He also reports two cases treated with bovinine locally, the first a case of *Lupus* of the upper lid entirely cured in four months. The lupus was kept saturated. Pain disappeared in twenty-four hours and improvement uninterrupted.

The second, a case of *Traumatic Necrosis of the Mastoid*. "After thoroughly scraping and chiseling away the necrotic bone, the wound was kept moist with bovinine. At the end of six weeks the cavity was completely filled with new bone, and the edges of the flesh-wound having been freshened and brought together, healed nicely, leaving scarcely any scar, instead of the usual unsightly condition."

Cleansing the Ear in Chronic Suppuration.

Chevalier Jackson (*Jour. Am. Med. Ass'n.*, Jan. 28, 1899) advises carica papaya after the usual methods of cleansing, on account of its digestive properties. For removing detritus that cannot otherwise be reached, he finds it more valuable than any other preparation.

Thyroid Extract Excreted by the Mammary Glands.

According to Bramwell, in the *Lancet*, of March 18, 1899, page 762, a nursing mother using thyroid extract passed enough of the thyroid substance through her milk to her six months old child to give it repeated attacks of thyroidism. This is important to look for in the use of this drug in nourishing mothers.

A correspondent sends us the following directions for removing moles from the skin:—A very simple procedure will remove moles without having recourse to the knife. Shave a match or sliver to as fine a point as possible; dip in carbolic acid and lightly touch the mole, care being taken to prevent the acid touching any other portion of the skin. Apply this every three or four days, and the mole will gradually disappear, leaving its space clean and healthy.—*Public Health Journal*.

THE CRITIQUE.

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All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 403 California Building, Denver, Colorado.

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EDITORIAL.

Proposed Change in Publication of Transactions.

AT the last meeting of The American Institute of Homeopathy, the question of a change in the manner of publishing the transactions was brought under consideration through a recommendation of President Bailey in his annual address, and the Institute subsequently authorized the appointment of a "Committee on proposed change in publication of transactions." This committee was instructed to report at the next meeting of the Institute in 1900.

The duties devolving on this committee are very important indeed. It will not be easy to break away from precedents which have existed for more than fifty years, and we predict that there will be considerable opposition to any radical change in the manner of the publication of the Institute transactions. That some change is desirable will, we think, be conceded by nearly all, but in what the change shall consist is the question for serious consideration by the committee.

The present method of publication is objectionable, chiefly on the ground of the tardy appearance of the volume, eight or nine months after the close of the Institute meetings, when much of the interest which attached to the transactions at an early date has very naturally been lost by lapse of time.

If we may profit from the experience of the American Medical Association, the best solution of the question seems to be in

the publication of a monthly or semi-monthly Institute Journal, which shall include in its make-up all of the transactions complete for the current year.

Such a journal would constantly keep the Institute and its work before the profession. Each issue would present new and interesting matter. The members of the Institute would be kept in close touch with each other and with the organization as a whole. It is believed by many that such a Journal, coming to the profession twice a month, would at once become self-sustaining and profitable through its advertising patronage, and thus a great burden would be lifted from the finance department of the Institute.

The Editor—"Well, that's another story," which we shall refrain from discussing at this time further than to express the opinion that such a journal should simply be the medium for the dissemination of Institute affairs. It should in no sense be used as a medium for exploiting individual "editorial" essays.

Lawson Tait.

Lawson Tait, of Birmingham, England, died suddenly in Wales, June 13, 1899, aged fifty-four years.

Although Mr. Tait was the most successful abdominal surgeon in the world, the fact that his unparalleled results were obtained without the use of antiseptics, created in the minds of the germ theorists of the old school a species of enmity that has not ceased even with his death.

Tait's career as a surgeon is without a parallel in history. The most discriminating and rigid technique of others could not equal in results Tait's simple, old-fashioned methods. Because he refused to follow a theoretical fad of the schools, he was hated and abused. The fact that his conscientious practice of other and much simpler methods gave results in surgery far superior to those of any of his colleagues, did not mitigate his offense. He was brave and honest in his convictions, and no amount of

professional pressure or abuse affected his course. He challenged the world to produce, by the most modern antiseptic methods, results at all comparable with his own.

Tait was distinctly at variance with his school in two very important particulars : the use of antiseptic methods in surgery, and the practice of vivisection. Against both he threw the whole weight of his ardent and aggressive nature. As we review his wonderful success in abdominal surgery, without the aid of any antiseptics (so-called), it seems strange that the superiority of his methods had not more weight with his colleagues. It is one of the anomalies of theoretical influences as against practical demonstration. Although Tait proved conclusively that his death-rate was far less than that of any surgeon who used antiseptics, yet both the man and his methods were rigorously condemned.

Lawson Tait will receive from future generations that measure of justice which has been so arrogantly refused by his contemporaries, and his great name will live long after the antisep-tic fad shall have been discarded.

A Denver Doctor's Success In Literature.

Dr. Francis Eugene Storke, formerly Professor of Theory and Practice in The Denver Homeopathic Medical College, has made a decisive hit with his first novel, "Mr. DeLacey's Double."

It seldom happens that a first novel succeeds like that of Dr. Storke's, but those of the medical profession who know him well, would have been disappointed had he failed in any literary venture he might undertake.

The critics generally have spoken very highly of "Mr. De Lacey's Double," and of the genius of its author. The story is certainly original in its conception and treatment. There is a fascination about it that is hard to explain. It never becomes commonplace or tiresome, and the reader's complete attention is held from beginning to end. It has been called a study in psychic

science, but it is more than that. One reviewer says: "It is an ingenious, even audacious plot of a story that tells the strange way that two souls came together." To those who enjoy bright, wierd, exciting stories, we can suggest nothing better than this one by our old friend and colleague.

Dr. Storke is now fully committed to a literary career, and one which, his friends believe, will prove notably successful. A second novel is ready for the press, and will appear during the summer, which will deal with the operations of the law of hereditary. The plot of this story is laid in New York and Colorado, and is expected to be even more entertaining than "Mr. DeLacey's Double."

Bravo, Cosmopolitan!

It is gratifying to note that Mr. J. Brisbin Walker has had the courage to suspend the publication of Count Tolstoi's latest novel—"The Awakening"—because it is too vile for the most indifferent class of readers; too obscene to pass the scrutiny of the postoffice officials until the text was revised and modified. We hope this will be the end of Tolstoi's nastiness in American magazine literature.

Scab Doctors.

The smelter strikes in Colorado go merrily on despite arbitration committees or other influences, and business in almost every department is suffering immeasurable losses. No class of labor is so well paid as smelter employes, yet the determination to secure shorter hours and more pay has taken firm hold on the smelter men's unions.

There are some features about labor unions that seem entirely inconsistent with their professed principles. While they decry scab labor and cut rates in the trades, they are always ready to accept cheap medical service from scab doctors. It is

almost the rule among the employes of large corporations to pay a monthly fee of 40 or 50 cents per capita to a company doctor, and they never seem to realize that the doctor who accepts such fees is directly violating the ethics of his profession and mercilessly cutting the established rates for medical services.

Physiological Assaying.

The physiological standardization of drugs, as it is called, is attracting wide attention in the medical profession. This process is known among pharmacists as the physiological assay in contradistinction to the chemical assay. It is true that the activity or strength of some drugs, such as digitalis, strophanthus, cannabis indica, ergot, etc., cannot be determined chemically. Physiological assays are made through experiments on the lower animals and the effects carefully noted. These experiments have demonstrated the fact that a wide difference exists in the strength of ordinary preparations and emphasize the necessity for the standardization of certain drugs in order that they may be safely given in disease. In a recent test samples of strophanthin were obtained from three well-known manufacturing chemists. All were supposed to be pure strophanthin, yet one was ninety times as strong as another, the others varying between these limits. The profession is certainly much indebted to such firms as Parke, Davis & Co. for their success in standardizing some of our most important remedies by the physiological method.

DR. W. F. BURG has been called back to his old home, Burlington, Iowa, on account of the illness of his father, and may remain there indefinitely. The doctor came to Colorado nine years ago for the benefit of his wife's health, and her improvement in this climate induced him to engage in practice in this city, where he succeeded in building up a large business among people who will deeply regret the necessity for his departure. It is gratifying, however, to know that he will receive a warm welcome

in Burlington from former friends and patients, among whom he was deservedly popular.

Dr. Burg needs no word of commendation from us to the people of his native city, who are fully cognizant of his ability as a physician and surgeon. The profession of Denver wish him well wherever he may go, and THE CRITIQUE takes this occasion to repeat to him his own old cordial and hearty "God bless you."

THE yellow fever *germ* retains its vitality unimpaired at the temperature of liquid air— 312° below zero; but yellow fever is arrested at 32° above zero. The beauties of the germ theory delight us.

DR. CHARLES ADAMS (Medical Era, July, 1899), says:

"In nursing women, every inflammation of the breast and nipple must be considered as having a bacterial origin, and should be treated like any other local infectious process."

Granting, for the sake of argument, that this is true, will the doctor kindly tell us what constitutes the homeopathic treatment of this and "any other local infectious process?"

State Meeting.

The thirteenth annual meeting of the Homeopathic Medical Society of the State of Colorado will be held in this city during the last week of September.

The meeting will soon be here and promises to be one of much interest, judging from the effort being put forth by the chairmen of the various bureaux.

It is to the interest of every Homeopathic physician, as well as to the cause of Homeopathy, to be a member of the society. Attend every meeting and take an active part in the proceedings. This sentiment is the earnest appeal of the present officers of the society, and every physician should respond.

Volunteer papers are solicited, and any information desired will be furnished by the Secretary, Dr. C. E. Tennant, Steele Block, Denver.

Notes and Personals.

A Homeopathic physician is one who understands, believes and practices homeopathy.

Prof. H. V. Halbert succeeds the late Dr. Reuben Ludlam as editor of *The Clinique*. Prof. Halbert's advent into the field of journalism will be received with entire satisfaction by the profession in general, as well as by the editorial fraternity.

A new Homeopathic hospital is soon to be built at Ann Arbor, Mich., for the Medical department of the State University. The citizens of Ann Arbor have voted an appropriation of money sufficient to purchase ground for the new building.

Dr. I. T. Talbot, Dean of the Boston University School of Medicine, and Superintendent of the Massachusetts Homeopathic Hospital, died July 2.

In Dresden, Saxony, it is unlawful for girls attending school to wear corsets.

Dr. R. S. Gregory, class of '99 and located in the capital city of Idaho, writes that he likes Boise City very much, and that his practice there is gradually increasing.

The recent meeting of the American Institute, at Atlantic City, was a great success. Five hundred and fifteen members and twelve hundred visitors were in attendance. New members added, two hundred and twenty.

In Pittsburg a woman died in twenty minutes after swallowing a "headache powder." This is said to be the fifth case in this city alone.

Another Homeopathic physician has been appointed to a Government position. Dr. P. J. Lerrig, late of the Flower Homeopathic Hospital, New York, is now Government physician in Alaska.

Dr. Emma F. A. Drake spent a month at the Glen Park Chautauqua, where she had a part of the program.

There is a saying among the Mexicans of southern Colorado that a good pinion year goes before a good smallpox year. The pinion crop was good last year, and the smallpox has been unus-

ually severe this year. This is a curious fact for it would be difficult to trace any connection between the eating of pinions and smallpox.

It is said that among the Mexicans of southern Colorado, the belief prevails that a person who dies of smallpox goes straight to Heaven. Perhaps this accounts for the general willingness of this people to contract this loathsome disease.

Mr. John Barrett, formerly United States minister to Siam, in his article on "The Value of the Philippines," in the August Munsey, says: "More men die of grippe in New York and Chicago, in proportion to population, in one week, than of fever, cholera, or plague in Manilla or Bangkok in six months."

The new college catalogues for 1899-1900 are out and on the wing.

Dr. W. S. Connell has located in Raton, New Mexico.

One morning, while reading, Prof. R. Ludlam came upon these lines which he said expressed the desire of his heart:

'Thou primal Love who granted wings
And voices to the woodland birds,
Grant me the power of saying things
Too simple and too sweet for words.'

We had the pleasure of a call from E. F. Perry, the representative of Fairchild, Bros. & Foster, this week. One cannot speak too highly of Panopepton and Peptogenic Milk Powder for use during the hot summer months.

The thirteenth annual class for instruction in orificial surgery will assemble in Chicago at 9 A. M., September 4th, 1899, and will continue to meet daily during the week, as usual. For particulars of this clinical course address E. H. Pratt, M. D., 100 State Street, Chicago.

We are in receipt of the Utica *Despatch* that gives an account of the Golden Jubilee and Banquet in honor of the fifty years' practice of Dr. H. M. Paine of that city, Dr. Paine's untiring work for the cause of homeopathy is known to every reader of homeopathic literature; he is a great organizer; his work along the line of State Medical Legislation is known to all. Long may he live and prosper, is the wish of THE CRITIQUE.

Mrs. Dr. C. E. Tennant and daughter have gone to Detroit to visit Mrs. Tennant's parents.

Dr. David A. Strickler has been confined to the house with stomach trouble, but is about again.

Lieut. Russell Ingersoll, son of Dr. L. J. Ingersoll, is among the soldier boys on their return from the Phillipine Islands.

Dr. Horace T. Dodge, of 1966 Lincoln Avenue, has returned from New York City, where he spent nine months upon the clinics of the Flower and Metropolitan hospitals.

A Chicago-Northwestern railroad office wherever one may go is characteristic for its quiet elegance. The office fixtures and furnishings throughout are highly polished mahogany of the choicest selection, while a tiled floor and a generous supply of settees complete the furnishings. Immediately upon entering the handsome offices, the artistic settings and harmonious colors give one the restful sensation seldom met with in the busy railroad world. What then must be in store for the traveler?

Denver Homeopathic Club.

Reported by Edwin Jay Clark, M. D., Secretary.

The Club met Monday evening, July 19, at the Brown, with fifteen members and eleven visitors present.

The censors reported favorably on the applications of Drs. C. E. Thompson, Margaret Beeler and Frona Abbott.

The first paper of the evening was, "The Therapeutic Use of Heat, Cold and Water," by WALTER J. KING, M. D.

The doctor called heat a marked cardiac stimulant, a powerful diuretic, a hypnotic and a local sedative. Cold applied to the body acts as an irritant. The greater the difference between the temperature of the body and the medium applied, the greater the irritation. The primary influence of cold on the circulation is acceleration; this is of short duration, and is followed by a slowing of circulation.

Heat increases or restores the physiological function of the skin. In all morbid states of the kidneys with deficient excretion, the elimination of waste products through the skin is largely increased by diaphoretic action of heat. Dry hot air, if applied at a high temperature, will cause the absorption and elimination of calcarous and uric acid deposits.

Locally heat is a sedative, as in urethritis, prostatitis and cystitis, when it not only allays the pain but removes the incrustations.

sant desire to urinate. Dysmenorrhœa, chordee, the tenesmus of dysentery and colic, the acute states of eczema and psoriasis, prurigo, urticaria and ichthyosis are all benefited by heat. The severe sufferings of acute general pemphigus are rendered durable in the most effective way by the continuous immersion of the patient for days in a general warm bath.

A general cold bath immediately lowers the temperature of the surface and raises the internal warmth of the body, by the accumulation of blood in the internal organs and the benumbing effects of the cold on the superficial nerves of the skin.

To obtain permanent reduction of the internal temperature, it will be necessary to repeat the baths at varying intervals. Too long immersion in a cold bath causes continued coldness and depression; the pulse is weak and frequent and there is a muscular debility, while a cold bath should, if the patient is fairly vigorous, cause a healthy reaction and feeling of exhilaration and warmth. This will be helped by vigorous rubbing. The circulation is quickened, consequently the worn-out tissues are more rapidly eliminated, the appetite and digestion are improved and the patient increased in weight. The Doctor then spoke of the method of using cold baths in Typhoid fever, and the cold pack as an aid to the development of delayed eruptions in scarlatina or measles.

Cold water in large quantities is diuretic. Large quantities of water drank at long intervals promote the absorption of solid exudations, the elimination of dropsical effusions; while small quantities at short intervals increases the arterial tension and the amount of fluid in the tissues. Too little use is made of the power of water in forcing tissue changes. The amount of urea, sulphates, phosphates and carbonic acid excreted, and of oxygen absorbed, is increased by drinking water.

The doctor then spoke of the use of cold and hot water in hemorrhages. Advised moderate heat for contusions, the keeping of the patient warm on the operating table to avoid shock, warm sitz bath in suppressed or delayed menstruation, hot douches in pathological congestion of the uterus and endometrium, in pelvic cellulitis and peritonitis, in vaginitis and in hemorrhage after confinement. In gangrene, or after injuries, where the vitality of a part is affected use heat. Hot cloths or hot olive oil for rigid perineum. Warm moist air in croup and diphtheria, with ice cloths or hot fomentations to the neck. In Cerebro Spinal Meningitis, the hot pack. In convulsions, cold to the hand and warmth by bath or sponge to the body.

Many cases of piles are caused by sitting on cold stones or seats, while a cold sitz bath or ice bag, locally, morning or evening, will frequently cure.

Local anesthesia can be caused by the local application of ice. Hypodermic injections of cold water into the skin or other tissues, causes anesthesia of the oedematous tissue.

Drinking cold water was advised to increase peristaltic movements of the bowels. In cholera, cholera morbus, etc., when there is great prostration and loss of fluids, cool water should be given in small doses at short intervals. In intestinal disorders of children where cool water produces vomiting, give per rectum.

In idiopathic inflammation advise heat and in traumatic inflammation cold. In sprains at first cold, later hot applications. Cold should not be used as an application when there is low vitality either of the diseased part or of the individual. Heat is then indicated as it keeps up the vitality of the diseased tissue. If you apply cold and it fails to accomplish the desired result, change. As soon as you have the proper application apply it continuously. Continuous heat or continuous cold will help, while half-way measures are useless. There is only one exception to the rule and that is when stimulation is needed, as in chronic ulcer, where alternate heat and cold will be of benefit.

Heat increases cell activity, thus promoting the activity and multiplication of leucocytes, thereby favoring suppuration. In suppuration the application should be of proper size so as to aid in having the pus collected within the desired circumscribed area.

"The Therapeutic Uses of Heat, Cold and Water in Diseases of the Eye and Ear," was the title of the next paper, by Dr. S. S. KEHR.

He said: The profession is beginning to realize that plants and minerals are not the only agents given us to meet and combat that arch enemy, disease; and we would certainly not be doing our duty to our patients if we failed to make intelligent use of such valuable allies as heat, cold and water. I would rather be without any other local application than without this valuable adjunct in the treatment of eye and ear diseases. No specialist is properly equipped for the treatment of the diseases of these organs who does not bear in mind the value of cold and heat.

There is much difference of opinion as to when cold or when heat should be used. There is an old rule, but it cannot be accepted absolutely, that applications should be of such a temperature as should be grateful to the patient. Much depends upon the individual. In one case cold benefits, in another apparently the same condition, cold aggravates and heat is beneficial. There is no hard and fast rule by which they may be applied, although I think in a general way acute traumatism requires cold for the first twelve or forty-eight hours, followed by heat, and that all other inflammations require heat.

The Dr. then mentioned the various methods in use for applying heat or cold.

In cases of extravasation of blood in the loose tissues of the eye, due to traumatism, if seen early use cold compresses or cooling lotions which will diminish the amount of swelling and discoloration. In the latter stages, when discoloration is present, hot compresses are indicated. Cold compresses must be applied continuously, at first from cloths wrung out of ice water. After twenty-four or forty-eight hours, when the swelling has subsided and the discoloration has shown itself, it can be cut short by hot applications. Injuries and wounds of the lids, conjunctiva, sclera, cornea, and the deeper structures require cold applications. Hemorrhages into the eye, the result of rupture of blood vessels require hot fomentations. Chronic granulations require frequent irrigation with cold solutions of boric acid or a weak bichloride of mercury solution, unless there is a corneal involvement, then use hot compresses.

In purulent ophthalmia, first stage, when the lids are tense and secretions lacking, local application of cold is most useful. When corneal complications exist, or the corneal surface is covered with a gray film. Croupous or diphtheritic conjunctivitis requires cold in the first stage, later the hot compresses. Scleritis and episcleritis require heat in some form.

In iritis, moist or dry heat, except in the traumatic form, has always been considered the only local application to be used. Recently Helfrist of New York reported very satisfactory results in the use of cold application in the rheumatic variety, where there was an unusual amount of conjunctivitis. Schinck also reports the use of cold in syphilitic iritis. Cyclitis and glaucoma call for hot fomations or dry heat.

In traumatism of the auricle of the ear, resulting from an effusion of blood from a fracture of the cartilage, or where there is severe pain, use ice cold applications, preferably dry.

In mastoiditis use the continuous application of cold for twelve or twenty-four hours, but under no circumstances should the cold be used for a longer period than forty-eight hours. When patients will not bear the cold use dry heat. After the discontinuance of the cold applications, if local applications are still necessary use hot, either a small linseed poultice or the coil over the mastoid.

Heat may be applied by gently pouring warm water, with a spoon or fountain syringe, into the external auditory canal. The piston syringe should not be used, as the force of the stream so applied may greatly aggravate the pain. A fountain syringe, holding about one quart of liquid, will serve best. The reservoir

should be suspended just a trifle higher than the patient's head, force of current not being desirable, as it may mechanically irritate the structures. The liquid used should be as warm as the patient can bear with comfort, and it should either be sterilized water or a solution of boric or carbolic acid. From a pint to a quart of the liquid should be used each time and at intervals of from one to three hours. In infants and intractable people the douche should never be used so often as to keep the child in a state of constant nervousness and the ear in a state of engorgement from crying, struggling, etc. In these cases the dry heat is preferable.

DISCUSSION.

DR. CLARK.—Objected to the use of cold water in the treatment of sun-stroke, water should be lukewarm to secure the best results. Cold applications for frost bites is both scientific and homeopathic. But cold to heat stroke is neither scientific or homeopathic. In typhoid fever secure your lowering of the body temperature by as near natural methods as possible. Look to temperature of the room, to the covering of the patient, and secure reduction through evaporation at the surface by tepid spongings.

DR. TENNANT.—Prefers heat to cold. In fevers temperature reduction best secured by surface evaporation. Where baths are used, the graduated bath the most satisfactory.

DR. BURR.—Happy is the physician who can understand the multiplicity of ways in which water can be used. I seldom use cold applications. Spoke of the use of hot water in quinsy and carbuncles.

DR. CALVERT.—Reported case of hand wounded by the powder from a blank cartridge. Using hot water as hot as could be borne, and increasing the temperature. Result, immediate relief and fine recovery. In typhoid used sponge baths 98° once in two hours if temperature is at all high.

DR. WILLARD.—Supposition is that in these cases we all use our homeopathic remedies. I have become satisfied that we can often use other things to good advantage. The papers will popularize the use of water and do away with the use of stinking poultices.

DR. INGERSOLL.—In typhoid used the footbath four or five times in the twenty-four hours, having the bath coming nearly to the knees, and arranging the temperature to suit the wishes of the patient.

DR. KEHR.—In closing said it was often very difficult to tell what temperature to use. Would use 110° to 120° for hot applications.

The club then adjourned.

Book Reviews.

HUMAN ANATOMY. A Complete Systematic Treatise by Various Authors, including Special Sections on Surgical and Topographical Anatomy, the Skin and Vestigial and Abnormal Structures. Edited by Henry Morris, M. A. and M. B. (Lond.), F. R. C. S., Senior Surgeon to Middlesex Hospital; Examiner in Surgery, University of London; Member of the Council, and Chairman of the Court of Examiners, Royal College of Surgeons, etc. Second Edition. Rewritten in parts and thoroughly revised throughout. With 790 illustrations, the greater part of which are original, over 200 being printed in colors. Royal Octavo. 1275 pages. P. Blakiston's Son & Co., Publishers, 1012 Walnut Street, Philadelphia. Cloth, \$6.00; Leather, \$7.00; Half Russia, \$8.00.

Morris' Anatomy, as it appears in a second edition, marks a distinct triumph in the art of modern book-making. Popular as was the first edition of this grand work on human anatomy, the second is so far improved as to give it first place among its contemporaries. In arrangement, clearness and beauty of illustration, it surpasses any book of the kind so far published. Having been thoroughly revised, and in many parts rewritten, it is absolutely reliable and up-to-date.

The sections on surgical and topographical anatomy are particularly notable for their completeness and clearness, and tend to make the book almost invaluable to the surgeon. A most valuable chapter on the skin has been added in the new edition.

We cannot speak too highly in praise of this book. The purchaser, whether student, surgeon, or physician, will find it excellent and complete in every respect.

THE COSMOPOLITAN.—"Richly illustrated" barely describes the August "Cosmopolitan," there being in that great number one hundred and forty-six different illustrations of all sorts and sizes and not one of them commonplace or uninteresting. The literary features of the magazine vie with the pictorial, the whole forming a most attractive magazine for summer reading.

I felt so much like Dewey, as I crept along the hall,
I didn't dare to strike a match, I felt along the wall;
And then as I in victory to chuckle was inclined
A fierce soprano hailed me and I knew that I was minded!

—*Cleveland Plaindealer.*

Things to Remember.

They sawed off his arms and legs,
They took out his jugular vein;
They put fancy frills on his lungs,
And they deftly extracted his brain.
'Twas a triumph of surgical skill
Such as never was heard of till then;
'Twas the subject of lectures before
Conventions of medical men.
The news of this wonderful thing
Was heralded far and wide;
But as for the patient there's nothing to say,
Except, of course, that he died. —*Cleveland Leader.*

One thing more important than anything else, is to have a definite standard of drug strength, so if you obtain good results from the use of a drug, you can expect the same pleasing results with subsequent use. Such is the case if you use Parke, Davis & Co's goods, for they have a standard by which each tincture is tested, hence uniformity of action is obtained when using P. D. goods.

Ella: "Where was it George proposed to you last week?"

Essie: "At a hop."

Ella: "And you accepted him?"

Essie: "At a jump." —*New Orleans Times-Democrat.*

THE UNION PACIFIC FOR LIBERALITY in furnishing better accommodations and solid comforts is far superior to any other line. Ten hours saved between Denver and San Francisco or the Pacific Northwest. Only one night to Chicago, St. Louis, St. Paul, Omaha, Kansas City or Salt Lake. Best dining car service. Ticket office, 941 17th Street, Denver.

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W. H. Lauth, 1619 Curtis Street, Denver, keeps everything needed by the physician in a surgical or mechanical line.

If contemplating a pleasure trip in the mountains, consult an agent of the *Colorado Road*, or write to T. E. Fisher, G. P. A., Denver, Colo.

That reminds us. Why look farther, when going East or West? The old reliable U. P. will take you in palatial cars, having every known convenience.

Have you tried Bovinine in the healing of old ulcers and in the repair of lacerated wounds? If not, it will amaze you how rapidly its use will aid and heal granulations, by local feeding of the parts.

H. F. McCrea, Druggist, cor. 17th and Champa, Denver, keeps a full line of Halsey Bros. & Co.'s supplies.

Now is the time, and G. H. Hussander's is the place (2255 Larimer St.) to order hard and soft coal, and hay, grain and wood.

The B. & M. R. R. runs the smoothest train in the U. S. Equipment unexcelled. "When you take the Burlington you take the best."

That Glycozone is the most healing agent known. Successfully used in the treatment of gastric and intestinal disorders, such as dyspepsia, gastritis, gastric ulcer, heartburn, etc. Prepared only by Charles Marchand.

F. Steinhauer, Homeopathic Druggist, keeps full line of B. & T. Goods. Charles Block, 15th and Curtis St., Denver.

Passengers for the East will find superior accommodations on the trains of the North-Western-Union Pacific Line, Denver to Chicago. Double daily service, short time and all latest improvements in equipment, including diners, are a few of the features. Everything modern and up to date.

Dr. Given's Sanitarium for Nervous and Mental Diseases, at Stamford, Conn., offers excellent advantages for patients requiring special care and treatment. Dr. B. F. Bailey, President of the American Institute of Homeopathy, says: "I have known Dr. Amos J. Givens, of Stamford Hall, Stamford, Conn., for ten years. I have visited his sanitarium, and have placed patients under his care, and can recommend Dr. Givens and Stamford Hall in the highest manner."

Drink less, breathe more; eat less, chew more; ride less, walk more; clothe less, bathe more; worry less, work more; waste less, give more; write less, read more; preach less, practice more.

THE CRITIQUE.

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DENVER, COLO., SEPTEMBER 15, 1899.

NO. 9

* "Then and Now."

By David A. Strickler, M. D., Denver, Colo.

UNDER the above caption, *The Medical Visitor* claims that the old school is "very much nearer the homeopathic school to-day, in its mode of treatment, than at any time before in the history of medicine." Quoting further: "Those of us who have kept watch upon the progress of medicine, are pleased to know that little by little, drop by drop, and step by step, the therapeutic ideas of Hahnemann have been slowly moulding the therapeutic use of drugs in the allopathic school."

To this change in their therapeutic methods is assigned relatively better results now than formerly, as compared with homeopathic treatment.

Like expressions are common with members of our school. The laity frequently join in the refrain, and many think it matters little to which school a physician belongs.

This tendency is added to by those professors and journalists who think that we should teach everything taught in old school colleges, inferentially to the same extent taught in them, plus homeopathic *materia medica* and *therapeutics*.

While a thorough believer in our teaching all the practical taught in allopathic colleges, I am of the opinion that much of the time spent in the study of theoretical details suited to their afterwork, may be more profitably spent on *materia medica* and *therapeutics* by us.

In this connection the question naturally arises, Is it true that "the therapeutic ideas of Hahnemann have been slowly

*This paper, which appeared in the July, '99, issue of THE CRITIQUE, is now republished in order to meet an unusual demand for extra copies.

moulding the therapeutic use of drugs in the allopathic school?" If so, to what extent?

Is it true that the old school have, relatively, better results to-day than twenty years ago?

To answer the first question, there are two sources of information: First, works on *Materia Medica* and *Therapeutics*, written by members of the old school; and second, the every-day practice of the individuals of that school.

Examining the first source, one sees many evidences of appropriation from homeopathic sources, by such writers as Ringer, Bartholow, Phillips, Aulde, Wilde and others, and judging from these alone, we would answer in the affirmative, but when we look to the every-day practice of individuals of that school, I fear we must come to a different conclusion. True, we know here and there a man who occasionally uses a remedy much the same as we do, but the use of our remedies is so infrequent, forms so small a percentage of his prescriptions, and then often not well indicated, that it must of necessity have little to do with general results.

As a personal experience in attending their post-graduate schools and clinics, I never noted a single prescription as homeopathic to the case except an occasional use of aconite or belladonna, and in the use of specifics, all of which I believe to be homeopathic to the diseases for which they are specific.

My experience differs in no sense from that of others with whom I have conversed on the subject. I am of the opinion that anyone looking into the question from this side, will see but little evidence of the moulding influence of Hahnemann's ideas. The allopaths are less crude than they were, occasionally use one of our remedies in diminished dose, but failing to recognize that homeopathy is a law of selection and not a law of quantity, they entirely fail to grasp Hahnemann's ideas, or to be molded by them. Herein lies the difference between the first and the second sources mentioned. The authors have an insight into the use of the remedies, use them discriminately with favorable results, and recommend them; the practitioner uses them indiscriminately or empirically, as he uses everything else, fails, and

soon discards them, with the result that homeopathic therapeutics has but little molding influence on allopathic practice.

This subject is treated more fully by Dr. Charles Gatchell, in an address before the International Homeopathic Congress in 1891, and may be read, by those interested, in the Transactions of American Institute of Homeopathy for that year, page 282, *et seq.*

Coming to the second question, "Is it true that the allopaths have relatively better results to-day than twenty years ago?" I am aware that the general impression seems to prevail that it is true, but I know of no evidence to sustain the impression. Neither hospital nor general statistics sustain it. In this connection it must be remembered that the crudities of Hahnemann's time had disappeared more than twenty or thirty years ago, and the question now under consideration is, whether allopathy, shorn of its crudities of Hahnemann's time, shows further evidence of the "molding influence of Hahnemann's ideas" or continued improvement, as compared with the homeopathic school.

There are in existence two sets of statistics taken in exactly the same way, and just twenty years apart, that seem to me to have very definite bearing on this question. For the benefit of those who may not know the conditions under which these were taken, I will state the conditions before giving the results.

The records in the health offices of large cities were examined for data. Public hospitals, still births and coroners' cases were eliminated, so as to make the investigation in private practice only; then the number of deaths reported by members in good standing of the old school were compared with the number of deaths reported by homeopaths in good standing in the same city. This work was carried on under the supervision of Dr. E. M. Kellogg, of New York, for the years 1870-71-72-73, in the cities of New York, Brooklyn, Boston, Philadelphia and Newark, N. J. (For full data, see *Transactions of American Institute of Homeopathy* for 1872-73-74). Just twenty years later, unaware of the work done by Kellogg, the writer took up the same work under the auspices of the American Institute, with the assistance

of men widely known, and collected similar data, taking in addition the number of cases of contagious diseases, of births attended, etc., reported by members of each school. These reports are fully made and can be found in the Transactions of The American Institute of Homeopathy in the years 1893-94-95-98. The latter are fuller in detail than the former, but the relative deaths from all causes, reported by members of the two schools, gathered under conditions as nearly identical as it is possible to have them, after a term of twenty years, seem to me to have a more direct bearing on the question of *comparative results*, then and now, than anything else extant.

If, then, these two sets of statistics show almost identical results, the burden of proof would seem to lie with those who state that the allopaths have relatively better results than they had twenty years ago.

We find, from Dr. Kellogg's report, that 4,071 allopathic physicians reported 72,802 deaths, or on an average, 17.88, while 810 homeopathic physicians reported 8,116 deaths, or an average of 10.2. For every 100 deaths by homeopaths the same number of allopaths reported 175.3 deaths.

Twenty years later we find 8,596 allopathic physicians reporting 140,181 deaths, or an average of 16.4, while 1,295 homeopaths report 11,078 deaths, or an average of 8.55. For every 100 deaths by homeopaths, the same number of allopaths report 190 deaths.

The above put in tabular form would be :

Death ratio, same
number of physicians
reporting.

YEARS	ALLOP.	DEATHS	AVERAGE	HOMEOP.	DEATHS	AVERAGE	ALLOP.	HOMEOP.
1871-4	4071	72,802	17.88	810	8,116	10.2	175.3	100
1891-5	8596	140,181	16.4	1,295	11,078	8.55	190	100

Instead of finding identical results, we find that the allopaths report a relatively larger number of deaths now than then. This would seem to show one of two things: either the allopath is doing relatively a larger business, or he is meeting with relatively less success. Those who know the history of homeopathy and the advance it has made in gaining the confidence of the people in the past twenty years, certainly do not believe the for-

mer. I fully believe the second to be wholly true, and hence contend that the old school has no better relative results to-day than twenty years ago.

If right in my deductions, there are two practical suggestions that I think should be emphasized by the homeopathic profession.

First: *Do not allow the laity to be misinformed as to the fact.*

Second: *Do not waste too much of the valuable time of the homeopathic medical student, by teaching theories not yet proven of practical benefit to the patient, simply because they are taught in old school colleges. Be thorough in all things, but above all things be thoroughly homeopathic until something else as good or better presents itself.*

MR. EDITOR—What is your idea of serum therapy?—N. L.

N. L.—My idea in regard to serum therapy is decidedly negative, because it is a humbug of the deepest dye.

I compare those who use it to the superstition which made a little stone sell for \$500 some time ago in Virginia. They call it a "mad stone."

The Latin nations have been and always will be superstitious enough to use mad stones and the like, but the day is coming in this enlightened country when superstition will fade away before brains and enlightenment, as does the mist after rain before the mid day sun.

Serum Therapy is a great "shot gun." If it succeeds we will close up our colleges and place an inscription above the doors, "Nincompoope" or something more significant of their failure. No education is necessary to practice Serum Therapy. A syringe and some of the vile stuff, for it cannot be called a scientific preparation or medication. It might be called therapy "soup." In fact it would not require any more education than enjoys the "Sow Gelders" up in old Pennsylvania, where I lived when a boy.

Well, Serum Therapy will run its course and have its day, as does every dog, and I predict it will be short, except among the superstitious and ignorant.—*Ed. N. A. Med. Review.*

GENERAL MEDICINE.

Edited by W. A. BURR, M. D.

Cactus Cures Palpitation.

Mrs. R—, aged 56, came down with La Grippe soon after recovering from an ordinary attack of facial erysipelas. She presented the usual symptoms and course of epidemic influenza from which she made, apparently, a good recovery. Subject to heart palpitation, due to a slight dilatation of years standing, this again troubled her. *Digitalis* 2x and *lycopodium* 3x for a general flatulence, controlled the symptoms and gave her tolerable comfort for two or three weeks, when she became worse and unable to sleep.

She felt as if some power restrained the heart from beating, with a distressed feeling above the left hypochondrium. *Cactus* 3x, a few doses a day for three days, entirely relieved the annoying palpitation.

B.

Obstetrical Notes.

The following Obstetrical Notes are gleaned from the Transactions of the Homeopathic Medical Society of the State of New York, 1898:

Dr. E. H. Wolcott, of Rochester, uses the bi-manual method for the control of post-partum hemorrhage. While waiting for the 30 minims of the fluid extract of ergot to act, he inserts the previously disinfected right hand into the vagina up to the thumb and with the finger behind the cervix compresses the uterine arteries between the index and little fingers; at the same time, with the palm of the left hand behind the fundus, presses the uterus firmly against the symphysis pubis. Also bits of ice may be introduced into the vagina from time to time. At the end of the

half-hour the uterus will be hard and firm, and will remain so, all danger from hemorrhage being passed.

This method is effectual in "tears of the cervix, incomplete rupture or relaxed uterus."

* * * * *

Dr. George R. Stearns, of Buffalo, during the second stage of labor, relaxes the floor at the pelvis, the vagina, and in a measure the cervix also, by insinuating his aseptic fingers and hand, held cone-shaped, into the vagina, and by gentle and careful manipulation and dilatation, the patient being under partial anesthesia, so dilates and relaxes and lubricates the tissues as to facilitate labor and lessen the danger of laceration of the tissues of either the perineum or the cervix. By this means, also, he early learns the exact position of the child and has the tissues in good condition for turning when that extreme measure is necessary. He makes free use of vaseline as a lubricant "externally, internally, and eternally." By this method he declares he has been able to prevent many a laceration.

* * * * *

Dr. I. P. Sherman, of New York, would carefully examine every obstetrical case about the seventh month. He would regulate the diet and cure the constipation when it exists. At least two months before parturition he would carefully note the position of the child, and if out of normal would take means to correct it.

He would make a chemical and microscopical examination of the urine, at least for albumen, and give the proper treatment. With two months to work on, the albumenuria could generally be removed, and thus save serious trouble at the time of parturition.

He would examine the nipples, and if found too small or retracted, he would draw them out and enlarge them to the proper size, and thus save sore and cracked nipples when the child nurses.

If the general practitioner has not time to attend to these things, he should refer his obstetrical cases to some one who has.

Antitoxin Again.

Dr. George B. Rice, of Boston, Mass., read a paper before the American Institute, at Atlantic City, on "The Use of Antitoxin in Diphtheria," published in the *North American Journal of Homeopathy*. These points appear:

1. Our practitioners must face this therapeutic method and either accept or reject it.
2. If found to be the best treatment of Diphtheria, then "establish a relation between serum-therapy and homeopathy."
3. We should first become assured of its safety.
4. We do not definitely know "in what basic-constituent its curative nature lies."
5. Antitoxin is "not a globulin or an albumin, but an unknown body."
6. May be "a chemical compound plus a vital principle."
7. "Antitoxin is not an active poison."
8. Many injections of the antitoxin have been made "without untoward results."
9. In Children's Hospital, Boston, three thousand immunizing injections were made with bad results in only two cases.
10. Antitoxin injections in children are followed by a rise in temperature only in very young and debilitated cases.
11. Not bad but good effects are produced upon the blood corpuscles.
12. The sudden deaths usually come from injected air.
13. Of 1,704 cases treated with injections there was a mortality rate of only 21.12 per cent.
14. Intubations after antitoxin treatment are especially brilliant.
15. The mortality rate of diphtheria is lessened more than one-half by the use of antitoxin.
16. The favorable statistics cannot come from bacteriological diphtheria alone, but also apply to cases of clinical diphtheria.

Typhoid Following Amenorrhea.

A young woman, aged 23, ceased menstruating three months before the close of her first year as school teacher. During vacation at the end of her school year she was caught in a rain storm while out riding, but was not wet to the skin. In a few days she came down with typhoid fever, having profuse nose bleed, and a temperature of 104.2° the first week. The characteristic eruption also appeared. Although the fever was high during the first two weeks, with considerable subsultus, involuntary diarrhea, retention of urine and frequent nosebleed, she yielded to the ordinary remedies and made a good recovery, the fever gradually disappearing during the fourth week.

The point of special interest in the case was the *cause* of the fever. It would seem to have been the amenorrhea, which in turn was caused by mental worry and overwork. She was *very* painstaking in her duties as teacher, and very anxious to do approved work. This mental strain having given rise to suppression of the menses, this in turn would interfere with normal metabolism causing the formation of impurities and typho-toxines in the system. The slight wetting she received would also be an immediate cause of the fever.

B.

How I Became a Homeopath.

ROCKFORD, IOWA, June 16, 1899.

DEAR DOCTOR BURR:

I send you a few lines on "How I Became a Homeopath," for you to make use of as you see fit.

I was born in one of the Hudson River counties of the State of New York, in 1822. When I became old enough to select a business for life, I chose the practice of medicine. I graduated from an allopathic medical college in New England in 1847, after which I practiced in New York for nine years. Having determined to "Go West" I landed in Iowa, on the first day of May, 1856. Here I resumed practice, which I followed for eighteen

years more, during the last three years of which my wife, having become ill with progressive paralysis, which I could not help nor control, I took her to New York City in 1873, hoping that among the many thousands of patients there, some one might be more learned in treatment of the disease than I, and she possibly obtain relief.

I consulted a number of eminent physicians, but obtained but little information or satisfaction. One said, while she was incurable she might live from two to ten years. I finally found Dr. E. Brown Sequard, in that city, and consulted him. After examination of her, he pronounced it a case of sclerosis of the spinal cord, but held out hope of recovery. He recommended ice friction, long continued, to the back, and nitrate of silver and extract of hyoscyamus internally. After four months' treatment, she was still growing worse, and Dr. Sequard, having lost his wife suddenly, had returned to France, making it impossible to consult him further. Having, in my opinion, been at the head of the allopathic profession, I turned to homeopathy. Purchasing a small stock of homeopathic medicines and books, I treated her homeopathically, and while I failed to cure her, I made her much more comfortable while she lived. She lived twenty-two years and a half. And so I became a homeopath.

N. T. McEWEN, M. D.

The Tomato as a Tonic.

According to the *North American Practitioner* (February, '99) Dr. True, of Philadelphia, has made quite extensive experiments with the juice of the red tomato, for the purpose of discovering its virtues as a medicine. Dr. True's investigations have led him to adopt the juice of the tomato in cases in which the blood needs toning up. The United States government and the German government have also made experiments, and many facts of interest have been discovered. During the recent war with Spain the juice of the tomato was utilized extensively as a health preservative among certain bodies of troops, with results which were eminently satisfactory.

MATERIA MEDICA.

Edited by Edwin Jay Clark, M. D.

Echinacea Augustifolia.

From an address delivered before the American Institute of Homeopathy, at Atlantic City, June 22, 1899, by J. D. Fahnestock, M. D., Piqua, O.

There are four species, two native of Mexico and two of this country. *E. pupurea*, is used under the popular name of Black Sampson. *E. Augustifolia* is described as follows: Leaves, as well as the slender, simple stem, bristly-hairy, lanceolate and linear lanceolate, attenuate at the base, three nerved, entire; involucre less imbricated than *E. purpurea* and heads often smaller; rays twelve to fifteen inches (2 long), rose color or red. Plains from Illinois and Wisconsin southward—June to August.

Provings were made with the tincture, 3x and 30x. All the provers but one were males, medical students or physicians. Only a very few symptoms were produced by the use of the 30x attenuation, a greater number of the persons not receiving any at all. The symptoms here compiled were produced by the 3x attenuation and the tincture, using from one to thirty drops at a dose. Dr. Fahnestock made three different provings upon himself. The symptoms given are from twenty-five different provers.

MIND—Dullness in head, with cross, irritable feeling—3.

So nervous could not study—2.

Felt depressed and much out of sorts—2.

Felt a mental depression in afternoon—3.

Senses seemed to be benumbed—1.

Drowsy, could not read, drowsiness—5.

Vertigo when changing position of head—2.

Drowsy condition with yawning—3.

Becomes angry when corrected, does not wish to be contradicted—2.

SENSORIUM—General depression, with weakness—5.

General dullness and drowsiness—8.

General drowsiness, unable to apply the mind—4.

Does not wish to think or study—5.

Restless, wakes often in the night—3.

Dull headache, felt as if brain was too large, with every beat of heart—2.

Sleep full of dreams—5.

INNER HEAD—Dull pain in brain, full feeling—8.

Dull frontal headache, especially over left eye, which was relieved in open air—5.

Severe headache in vertex, better by rest in bed—2.

Dull headache above eyes—5.

Dull throbbing headache, worse through temples—4.

Head feels too large—3.

Dull headache, worse in evening—1.

Dull headache, worse in right temple, with sharp pain—2.

Dull pain in occiput—3.

Dull headache, with dizziness—2.

OUTER HEAD—Constant dull pressing pain in both temples—3.

Shooting pains through temples—2.

Dull occipital headache—2.

Constant dull pain in temples, better at rest and pressure—3.

Head feels as big as a windmill, with mental depression—2.

EYES—Eyes ache when reading—2.

Tires me dreadfully to hold a book and read—1.

Eyes pain on looking at an object and will fill with tears, closing them relieves—1.

Sleepy sensation in eyes, but cannot sleep—1.

Pains back of right eye—1.

Sense of heat in eyes when closing them—1.

Dull pain in both eyes—1.

Lachrymation from cold air—1.

Sharp pain in temples—2.

EAR—Shooting pain in right ear—2.

NOSE—Stuffiness of nostrils, with mucus in nares and pharynx—3.

Full feeling in nose, obliged to blow nose, but blowing does not relieve—2.

Nostrils sore—2.

Mucus discharge from right nostril—2.

Rawness of right nostril, sensitive to cold, which causes a flow of mucus—2.

Bleeding from right nostril—1.

Right nostril sore, picking causes hemorrhage—1.

Headache over eyes, with sneezing—1.

FACE—Paleness of face when the head aches—2.

Fine eruptions on forehead and cheeks—1.

Vomiting, with pale face—2.

TEETH—Darting pains in the teeth, worse on right side—2.

Neuralgic pains in superior and inferior maxilla—3.

Dull aching of the teeth—2.

TONGUE—White coating of tongue in the mornings with white frosty mucus in mouth—3.

Slight burning of the tongue—2.

Whitish coating of tongue, with red edges—2.

MOULD—Accumulation of sticky, white mucus—2.

Eruption of tasteless gas—3.

Burning of the tongue, with increased saliva—2.

Dry sensation in back part of mouth—1.

Burning, peppery taste when taking remedy—2.

Bad taste in the mouth in the morning—3.

A metallic taste—3.

Belching of gas which tastes of the food eaten—3.

Dryness of the mouth—2.

Sour eructation—3.

Sour eructation which caused burning of throat—1.

THROAT—Accumulation of mucus in throat—3.

Mucus in throat with raw sensation—1.

After vomiting of sour mucus, throat burns—1.

Soreness of throat worse on left side—2.

DESIRE—Loss of appetite—5.

Desire for cold water—2.

EATING—Nausea, could not eat—3.

Loss of appetite—5.

NAUSEA AND VOMITING—Nausea before going to bed, which was always better lying down—2.

After eating, stomach and abdomen fill with gas—2.

After eating, belching, which tastes of food taken—3.

Nausea with eructation of gas—2.

STOMACH—Stomach distended with gas not relieved by belching—1.

Belching of tasteless gas—4.

Sense of something large and hard in stomach—2.

Belching of gas and at same time passing flatus—2.

Sour stomach, “heart burn” with belching of gas—3.

Relaxed feeling of the stomach—1.

Pain in stomach, going down through bowels, followed by diarrhoea—1.

Dull pain in stomach—3.

HYPOCHONDRIA—Pain in right hypochondria—5.

ABDOMEN—Full feeling in abdomen, with borborygmus—5.

Pain about umbilicus, relieved by bending double—2.

Pain in abdomen, sharp, cutting, coming and going suddenly—2.

Pain in left iliac fossa—1.

URINE—Desire for frequent urination—6.

Urine increased—4.

Involuntary urination “in spite of myself”—1.

Sense of heat while passing urine—1.

Urine pale and copious—3.

Urine scanty and dark in color—1.

Pain and burning on urination—2.

MALE SEX. ORGAN—Soreness in perineum—1.

Testicles drawn up and sore—2.

Pain in meatus while urinating—1.

Pain across perineum—2.

Perineum seems stretched—2.

Pain in right spermatic cord—1.

FEMALE SEX. ORGAN—Mucus from vagina in evening—1.

Pain in right iliac region which seems deep, lasting but a short time.—1.

LARYNX.—Irritation of larynx.—2.

Voice husky.—1.

COUGH—Constant clearing of mucus from throat.—2.

Mucus comes in throat while in bed, must cough to clear throat.—2.

LUNGS—Full feeling in upper part of lungs.—2.

Pain in region of diaphragm.—2.

Pain in right lung.—1.

HEART AND PULSE—Slight pain over heart.—2.

Rapid beating of heart.—1.

Heart's action increased.—4.

Heart's action decreased.—2.

Anxiety about the heart.—2.

CHEST—Pain in pectoral muscles—2.

Sore feeling in the chest.—1.

Feels like a lump in chest—1.

Feeling of a lump under sternum.—2.

NECK AND BACK—Pain in small of back over kidneys.—3.

Dull pain in small of back.—6.

Pain in back of neck.—3.

Pain in back of lumbar region, worse from stooping.—4.

UPPER LIMBS—Pain in right thumb.—3.

Sharp pain in left elbow.—2.

Pain in right shoulder going down to fingers.—2.

Sharp pain in left arm, going down to fingers, with a loss of muscular power.—2.

Cold hands.—2.

Pain in wrists and fingers.—4.

Pain in left shoulder, better by rest and warmth.—2

LOWER LIMBS—Cold feet.—2.

Pain back of left knee.—2.

Sharp shooting pain in legs.—2.

Extremities cold.—1.

Left hip and knee pains.—3

Pain in right thigh.—2.

Pain in right leg.—2.

LIMBS IN GENERAL—General weakness of limbs.—7.

Pain between shoulders which extends to axilla and down the arms.—1.

POSITION—Pains and sickness of stomach, better by lying down.

NERVES—Exhausted, tired feeling.—7.

Muscular weakness.—5.

Felt as if I had been sick a long time.—2.

General aching all over with exhaustion.—6.

SLEEP—General languor, sleepy.—2.

Sleep disturbed, wakes often.—3.

Sleep full of dreams.—5.

Dreams about exciting things all night.—1.

Dreams of dead relations.—2.

TIME—Worse after eating.

Worse in evenings.

Worse after physical or mental labor.

Better at rest.

CHILLS—Chills up the back.—1.

Cold flashes all over the back.—1.

General chilliness with nausea.—2.

SKIN—Intense itching and burning of skin on neck.—3.

Little papules on skin with redness, feeling like nettle, this occurred on the fifth day of the proving.—1.

Skin dry.—1.

Small red pimples on neck and face.—2.

BLOOD.—After proving found a diminution of red corpuscles.—2.

Natrum Muriaticum.

By Horace T. Dodge, M. D., Denver.

If any are in doubt about the efficacy of the high potencies, they should try Natrum Muriaticum, and note the results upon themselves. The action of this remarkable remedy is speedy, and its manifestations are lasting in their effect; so much so

that one acquainted with its administration detects the merest trace in a gallon, yes, a barrel of water. The writer was led to test its value as a therapeutic agent some years ago through the advice of a student of Homeopathy, and at that time did not believe in the infinitesimal system of medicine, and considered the assertions of prominent prescribers of the high attenuations and the brilliant results obtained from their use as the merest fancy, and was, with difficulty, led from the greatest contempt to even consider the information, "that it was a great curative agent in the high potency, and of no value medicinally in its crude state." Having since had ample opportunity to test it in the past twelve years, will say that results have proved it to be a wonderful remedy, and more valuable in the treatment of chronic diseases than any dozen others in the *materia medica*. When one considers the fact that Chloride of Sodium is second in importance in the building up of the human economy, and that it enters intelligently and efficiently into the composition of over seventy-five per cent. of the structures of our bodies, we can readily understand its significance. According to Virchow, it is the greatest worker in the system owing to its affinity to water, and the power it possesses to use it to carry on the functions of life and eliminate the waste. A deficiency of salt renders the fluids of the body inert and unfit or powerless to perform their allotted task. Just why its action is impaired or practically nil in its crude state, I am not qualified to say, but a theory has been advanced that when given lower than the 6x potency it acts as an irritant, and the absorbant quality of the glands along the alimentary canal repel it and it is rejected as a foreign substance, while the higher attenuations pass through every fibre and tendon in the system.

However true this may be, experience teaches that the higher one uses Natrum Mur, the more powerful it is in action, until the query arises can it be sufficiently subdivided to loose its dynamic force? Here a doubt may be expressed, for its action in the thousandths, when indicated, gives speedy and satisfactory results, and if taken by the healthy person for any length of time, a train of symptoms is produced, enough to convince the most

skeptical that it is a most dangerous drug, which would undoubtedly, if the proving is persisted in, place the prover in an insane asylum. There is a hopeless melancholy with dejected spirits, which might pass into delirium if the continued use of the drug is kept up. The tongue is dry and parched, or there are frothy bubbles upon the sides. One case in particular which came under the writer's observation, and upon which the 200 was being used as a test case, after taking two pellets every two hours for five days, the patient returned with a most despondent account of her affliction, having a headache with profusion of tears and frothy coating of the tongue. There was an anxious expression about the face, and perspiration about the lips and nose while talking. The tongue was clean but had a clear watery coating with small bubbles on the sides. Gave same remedy and asked her to report in one week. She was much worse at this time, and asked to have medicine changed. Gave her same, with request she report again in one week. She returned in less time however, and said, "Doctor, I cannot take that medicine. I asked you not to give it to me again." She had great thirst, pain after eating a little food, and a salty taste in the mouth, water brash, and an obstinate constipation, headache with watery eyes, and there was a bloating of the abdomen and soreness of the muscles to pressure. Upon relating her experiences, she completely collapsed, and I was afraid to continue the Natrum Mur. and gave her a placebo.

She reported in a week much improved, whereupon gave the 200 Natrum Mur. again. She came back and tearfully asked if a mistake had not been made, and if the first medicine, which she said she knew had caused her to become worse, had not been given by mistake. After discontinuing the Natrum, she completely recovered in three weeks upon a placebo. This is one of many cases where the higher potencies of Natrum Mur. have been administered, and in every one the patient after taking the medicine faithfully, not only has been able to detect in a little time its action, but can at once notice any change when a placebo is given. It is sufficient proof of the action of the higher potencies, and if any doubt exists as to their efficiency, cannot

but impress upon the minds of all readers, that Natrum Muriaticum will cure where the leading symptoms are melancholia, a peculiar brooding, sadness, depression of spirits, accompanied with diarrhoea or constipation. The key notes are watery eyes, profusion of tears, frothy coating on the tongue with "bubbles" on the sides. The last two symptoms you will find running through a multiplicity of complaints. Always remember the dry membranes; dry, because the water is continually being drawn away, on account of a lack of Sodium Chloride. Give it in high potency and you will make some brilliant cures.

Carbolic Acid in Tetanus.

Pieraccini, in *Il Policlinico*, says that cases of tetanus, even of the severest description, cured by the method of Bacelli, the subcutaneous injection of a two per cent. solution of carbolic acid, are now so frequently reported in Italian medical literature that no room is left to doubt the efficacy of the treatment. The author reports a case in his clinic, in which seven days had elapsed since the first appearance of the symptoms, before he saw it. He at once commenced the treatment by injecting a syringeful of the solution, and following it up, brought the case to a happy termination. On the first day ten centigrams of the acid (200 minims of the two per cent. solution) were administered, a syringeful (fifteen and one-half minims) every two hours, and within twenty-four hours there was a very marked improvement. The next day the quantity was decreased. A curious fact, chronicled by the author, was that no traces of the acid could be found in the urine at any time.

Gynecology and Abdominal Surgery

Edited by S. S. SMYTHE, M. D.

Pruritus Ani.

Every physician of experience meets with cases of this disease which he finds difficult to cure by ordinary methods. In all such the rectum should be examined through a speculum, and in the vast majority of the chronic cases of pruritus ani, more or less ulceration of the mucus membrane will be observed. Examination with the finger gives us no information whatever. These ulcers of the rectum will be found located between the external and internal sphincters and most frequently on the posterior wall, though they may occupy any part of the rectum. They appear as simple denudations of the mucous membrane; the edges being only slightly, if at all, elevated above the level of the denuded surface and granulation is not often marked. The ulcer may be overlooked by the casual observer, but careful inspection will readily distinguish the difference between the normal smooth mucous membrane and the roughened, congested surface of ulceration. From such an ulcer there is always an excoriating discharge, although the patient will assure you there is no discharge whatever. It is this discharge, however slight, which causes the itching and burning around the margin of the anus. The examination should be made with a rectal speculum, preferably Pratt's, and care taken to observe the entire surface between the sphincters. The ulcer may be quite small, and unless the mucous membrane is fully exposed, may be overlooked.

In pruritus from this cause, no amount of external treatment with ointments, lotions, etc., will effect a cure. The ulcer must be discovered and treated directly. This is best done primarily, by dilating the rectum, with or without anaesthesia, as circumstances demand; after which, daily applications of hydрастис or of pinus canadensis directly to the ulcerated surfaces will speedily cure both the ulcer and the pruritus.

The Treatment of Post-Partum Hemorrhage.

Dr. Bastian advocates a method of plugging the vagina, which he believes to be effective in all cases. Seizing the cervix with forceps, and pulling the uterus firmly downward is a most useful method learned from gynecological operations. Hermetic closure of the cervical canal by placing one or more pairs of strong pressure forceps on the anterior and posterior lips of the external os, is also good practice. Both these procedures have, however, the great disadvantage of being applicable to cases of inertia only, and of being useless in post-partum hemorrhage from any other cause, such as deep lacerations of the vagina or cervix, or ruptured varicose veins. Plugging the vagina, as usually practiced, without assistance is useless. Bastian's method consists in introducing a bivalve speculum into the vagina, and opening the blades, which should be about $5\frac{1}{2}$ inches long, as widely as possible. The cervix is then plainly seen. Sterilized or iodoform gauze is then introduced, great care being taken to press it firmly against the cervix and the culs-de-sac. In this way the uterus is raised into the abdominal cavity a considerable distance. The plugging is continued methodically until the vulva is reached. The speculum is left in for twelve, and the whole plug for twenty-four hours. The author has such confidence in his method that, the plugging finished, he leaves the woman without any special attention. Its mechanism is complex. If the hemorrhage is vaginal, one of the valves of the speculum will compress the bleeding point directly, and the stretching of the vaginal wall is an indirect aid; if cervical, the hemorrhage is arrested directly by pressure of the plug on the torn flaps and on the trunk of the uterine artery in the base of the broad ligaments, and indirectly by the stretching of the last named by the elevation of the uterus; if from inertia, the last-named mechanism is equally effective, and the dense plug closes the external os just as well as pressure forceps. An intrauterine clot then forms and excites the uterus to contract.—*New York Lancet.*

Dr. A. H. Meisenbach, of St. Louis, *Medical Review*, March 12, concludes concerning hernia: (1) In view of the radical-cure operations, an existing hernia is a possible menace to life, and more so than a radical operation. (2) This fact ought to be impressed upon the laity by the family physician. (3) Taxis is a dangerous proceeding, as usually carried out. (4) In all hernia operations a radical cure technique should be carried out. (5) Preference should be given an animal suture over silk as a buried suture. (6) In all cases of strangulation where the bowel cannot be easily reduced after the sack is opened, the abdomen should be opened in the median line, for facilitating reduction, establishing drainage, or for anchoring a doubtful, gangrenous, or resected bowel.

It should ever be borne in mind that metrorrhagia about the menopause is always the result of disease of the uterus or its appendages; that "flooding at the change of life" is never physiologic, and that the popular belief in this fallacy is responsible for the loss of many lives which might have been saved by early diagnosis and the proper treatment. A disease which may have been benign at first readily becomes malignant at this period of life, if the system has been enfeebled by repeated hemorrhages.

Dr. A. T. Cabot, of Boston, *Boston Med. Surg. Jour.*, reports a case in which he was able to find and suture a perforation in the stomach of a woman about thirty years of age. The opening was in the lesser curvature, and was surrounded by a fibrous exudation. The indurated area making the base of the ulcer was about an inch in diameter. This he dimpled into the stomach, so that the Lembert sutures past through healthy tissues. Two rows of stitches were taken. The perforation seemed to have occurred about twenty-four hours before the operation, but no portion of the stomach contents had escaped; at least none could be detected in the peritoneal cavity, although a large quantity of gas had escaped from the stomach and obscured the liver dulness. The abdomen was irrigated with a salt solution and carefully wiped out. The patient made a good recovery.

Eye, Ear, Nose and Throat.

Edited by DAVID A. STRICKLER, M.D.

Chronic Edema of the Conjunctiva, Associated With Middle Ear Disease.

Rayner D. Batten, in the *Lancet*, April 8, 1899, reports the case of a man, aged thirty-five, who had well marked serous edema of the ocular conjunctiva of the left eye. All forms of treatment were tried for months without success. When the conjunctiva was incised, serous fluid would escape, but rapidly reaccumulated.

A large polypus discovered in the left ear was removed. The ear discharged less and under treatment ceased to discharge. Simultaneously with this, the edema disappeared without further treatment, and did not return. The Doctor concedes that the eye condition was entirely dependent upon the ear trouble.—*Annals of Ophthalmology*.

Heterophoria as a Cause of Consumption.

Dr. George T. Stevens, in his annual address delivered before the Western Ophthalmologic and Oto-Laryngologic Association, at New Orleans, February, 1899 (*Annals of Ophthalmology*, April, 1899), says in part:

"There is a class of boys and girls who, whether standing, walking or sitting, throw the forehead far in advance and the chin into the breast. They are everywhere, especially in our northern states. Intellectually, they are the brightest of their class. Their shoulders bend with their heads, and they are charged by their friends in constantly reiterated exhortations to

stand up straight and hold the shoulders erect. No amount of admonition does any good, they see easier when the head is advanced. If you examine these young people you will find by the tropometer that they all have the eyes adjusted for a plane much higher than the horizon, and that in the extreme cases there is notable anomalous declination. It is the penalty for a head in which the process of evolution has carried the axes of the orbits too far from the original low plane of the distant ancestors of these young persons.

"Can you change the pose of these young people? In a twinkling, by a slight relaxation of the superior recti muscles, in which you at the same time correct the declination you will lift the chin as if by magic. But what harm can come from the projecting forehead and receding chin? Is it not easy to see that the position of the head causes the upper air passages to shut like a valve? The hinge is at the larynx. Not all such persons suffer the full penalty for this restriction in the act of respiration, but too many do.

"If we visit one of the modern hospitals for consumptives, the most striking thing to a close observer will be this prevailing pose of the head, and this mechanical obstruction of the larynx.

"Could those heads be raised, and could those shoulders have been made erect before they finally caved in? In one moment, by a safe and painless process. Would your patient have had consumption had you done this in time? I can only say that by the correction of the anophoria, and of the declination which sometimes has a like effect on the pose of the head, you would have accomplished more than any change of climate or any medical regime that could have been prescribed.

"Perhaps someone will reply, "Consumption is the effect of the presence of bacilli in the lungs."

"You have seen a field where a farmer has just burned his piles of brush. You have observed the blackened soil sprinkled with the white ashes where the brush heaps were burned. If you pass the same place the next year or the year after, you will see that where the fires were, are thick masses of the purple flower-

ing fire weed—the epilobium—completely covering the fired spots. It grows no where else in the field. But the epilobium seeds were carried by the wind all about. Why do they spring only where the soil has been burned? The soil of these spots is exactly suited to the growth of the epilobium, just as the mucous membrane in the quiet eddies of a half filled lung is best suited to the propogation of the consumption bacillus.

"It is very certain that you do not often see consumptives who hold the chin high in the air. In other words, we do not see consumptives whose eyes are adjusted below the plane of the horizon. You can adjust the eyes for the plane of the horizon, or if you wish, which I hope you would not, for a plane far below it."

—*Annals of Ophthalmology.*

THE latest report of the Inter-state Commerce Commission shows a frightful railroad mortality in the United States. During the year ending June 30, 1898, there were killed on the railroads, 6,859 people all told. The number wounded was 40,882. Total casualties in one year, 47,741. Of the killed, 1,958 were employes, and of the number wounded, 31,761 were employes. The mortality rate in the Spanish war proper and in the Philippines, bears no comparison to that of the American railroads. A soldier's risk during active operations in the field appears to be much less than that of the patrons and employes of the railroads.

SURGICAL DEPARTMENT.

Edited by J. WYLIE ANDERSON, M. D.

We are in receipt of a letter from Dr. G. W. Compton, of Ophir, Colorado, giving an account of a case of an accident in a mine, in which a man received a compound comminuted fracture of the left humerus, fracture of the external and internal condyles and a longitudinal fracture of humerus extending up the shaft five inches. The arm was dressed with obtuse anterior and posterior metallic splints. It was necessary to put in fifty stitches in the various parts of the body, the man being cut and torn so badly. At this time, three weeks since the accident, the case is doing nicely, and Dr. Compton has kindly promised to write the case up in detail for the October issue.

Surgical Notes.

Evacuate pus wherever found. To wait for the action of poultices to decompose the skin, or "draw" the pus, is unworthy a modern surgeon.

Immediate amputation of an injured member is now seldom required. Control hemorrhage, dress antiseptically, and await reaction.

While the foregoing treatment will give by far the best results, altogether, it must be remembered that the danger from cardiac and pulmonary embolism is increased where an effort is made to save bruised tissues.

A wise surgeon sacrifices no tissues that, if saved, would prove useful.

Flaps, in order to heal kindly, must be free from tension.

Err in making flaps too long rather than too short.

In amputation, where bones are sawed, it is most difficult to keep thorough asepsis until the healing process is complete.

Bandages should be adjusted so as to control hemorrhage from the stump after amputation, but great care must be taken that they be not drawn so tightly as to affect nutrition by obstructing the circulation.

Unless there are indications, such as rise of temperature, soiling of the dressing, or hemorrhage, a single dressing should suffice for an amputation.

Do not inject cysts or vascular tumors with remedies tending to produce coagulation, unless free drainage is provided.

Cysts should be evacuated or dissected out, while vascular tumors are best treated by excision or cutting off the blood supply.

Varicose veins should be ligated at suitable points and the intervening portion of the vein removed.

Injecting varicose veins with astringents and irritants is unsatisfactory, and not without danger.

Arteries and veins should be ligated with as little manipulation as possible.

Esmarch's bandage has rendered operations upon bones almost as simple as upon the cadaver.—DR. BELL, in *Med. Herald*.

New treatment of Appendicitis by Dr. Geo. Helmer, of New York, by means of twisting or pulling the leg. This treatment of pulling the leg has long been practiced in Denver (especially if the patient had money).—ED.

Dr. Geo. Helmer, of New York, applied one hand to a point midway between the top of the right leg and a point above the stomach, then bent up the right leg of the patient at the knee joint, and gave the leg a slight twist, by means of a quick motion, repeated two or three times and the operation was over. This forced out of the appendix the particles it contained. Back of appendix is psoas magnus muscle—attached to the femur. Using fingers of one hand to hold walls of abdomen in place to prevent rupture of delicate internal structures, with other hand a spasmodic contraction of the psoas magnus is brought about, snaps it against the appendix, forcing out whatever it may contain.—*Exchange*.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

J. WYLIE ANDERSON, M. D., Business Manager.

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EDITORIAL.

He that turneth away his ear from hearing the law, even his prayer shall be abomination.—Prov. 28:9.

IN this issue of the CRITIQUE will be found a highly interesting letter from President Benj. F. Bailey, to which we call special attention. It is gratifying to see that Dr. Bailey's interest in the American Institute continues unabated during his full term of office. This is as it should be, and we hope every member of the Institute and of the profession at large will listen to the words of the president and then act upon his suggestions.

IT occurs to us that if the A. I. H. at its next meeting should decide to establish a monthly or semi-monthly journal for the publication of the transactions, it would be well to make the president the editor-in-chief during his incumbency, with the general secretary as associate editor and manager. This would enable the president and secretary to communicate directly and freely with the entire Institute membership throughout the year in a systematic effort to maintain interest and further the cause of our national body. It would afford the opportunity to accomplish much more than is possible for them under the present system. Such a journal would become an active working force during all the year, and we believe would be the means of eventually increasing the membership up to a large majority instead of the meagre minority which we have to-day.

AN Institute Journal should not in any sense be antagonistic to the many excellent local journals of the school. It should simply contain a record, perfect and complete, of all the business transacted by the Institute. It should not be for discussion further than to permit the active executive officers to keep in touch with the profession regarding Institute affairs. It should not be a news journal, nor a medical forum. Leave all that to the usual journalistic channels where it naturally and rightfully belongs.

THE Detroit Homeopathic College is now an incorporated accomplished fact, and we were not surprised at the appearance of its handsome initial announcement, in which are set forth the purposes and claims of the new school. No college has ever begun its career under more favorable auspices. Having under its control one of the largest and best Homeopathic hospitals in the United States, it offers to its prospective students clinical facilities superior to those of many of the older colleges. The faculty is a strong one, and has among its members many of the best men in the profession. Under the leadership of Drs. D. A. McLachlan, C. C. Miller, S. H. Knight, R. C. Rudy and others equally interested, the new college will at once command respect and confidence.

AT the last meeting of the American Institute the following recommendations of the Inter-Collegiate Committee were adopted:

First. That, beginning with the year 1900, all medical colleges shall have a course of four years of not less than seven months each, instead of six months as heretofore required.

Second. A sub-committee of three was appointed for the consideration of the subject of "Uniform Minimum Matriculation Requirements" for the medical colleges.

Third. A sub-committee of three was appointed to prepare a code of inter-collegiate ethics. This committee is to report at the next annual meeting, and during the current year they are to act as a board of censors to whom shall be referred any irregularities in any college rules or practices during the year.

Fourth. Hereafter, all applications from colleges for membership in this committee shall lay over for one year, and a sub-committee shall be appointed to investigate and report to the Inter-collegiate Committee the standing of the college applying for recognition.

Swindled In the Name of Charity.

The officials of the Denver Homeopathic Hospital were recently the victims of sharpers who passed as charity women in aid of hospitals, etc. According to the *Denver Republican* of Aug. 26, four women, armed with a letter from President B. A. Wheeler, went about the city soliciting subscriptions for a free bed in the Homeopathic Hospital. These women were part of a large organization which is systematically working the various western cities. They came from Omaha to Denver, and when exposure followed they skipped for Salt Lake. The real head of the organization is said to be a very handsome young man, who enlists the services of fascinating widows of doubtful proclivities, in his confidence scheme. It is not known how much was netted from their operations in Denver, but is supposed to be a considerable sum.

We understand these women sold tickets to some of our citizens for a proposed concert in aid of the hospital. Of course no entertainment of any kind was intended, and the hospital association can scarcely do less than to redeem all such tickets as were actually sold.

State Meeting Program.

Following is the program of the Thirteenth Annual Meeting of the State Homeopathic Medical Society, which convenes in Denver, September 27-29:

BUREAUX.

CLINICAL MEDICINE—J. P. Willard, M. D., Chairman.

Delirium Tremens in Women.....Sarah E. Calvert, M. D.
Rational TherapeuticsWilliam Capps, M. D.

Diseases of the Heart, and Life Insurance

Geo. E. Brown, M. D.

Hysteria J. P. Willard, M. D.

Some Rare Cases of Typhoid Fever.... W. C. Allen, M. D.

SURGERY—Warren D. Howe, M. D., Chairman.

Injuries to the Elbow Joint S. S. Smythe, M. D.

Fracture of the Hip Joint J. Wylie Anderson, M. D.

Normal Saline Solution..... W. D. Howe, M. D.

PEDIATRICS—E. H. King, M. D., Chairman.

Circumcision O. S. Vinland, M. D.

Ophthalmia Neonatorum..... C. W. Judkins, M. D.

Gastro-Intestinal Disorders..... Ellen M. Oviatt, M. D.

Woes of the New-Born..... O. L. Marion Wall, M. D.

Thursday, September 28.**MATERIA MEDICA**—William Capps, M. D., Chairman.

Ferrum Phos. and Cale. Fluor..... E. F. A. Drake, M. D.

Sulfur..... Idelia Fageley, M. D.

Hydrastis..... M. M. Hatfield, M. D.

Drug Action William Capps, M. D.

OBSTETRICS—J. W. Harris, M. D., Chairman.

Ectopic Pregnancy—Curtis M. Beebe, M. D. Discussed by W. D. Howe, M. D.

Puerperal Sepsis—F. C. Strong, M. D. Discussed by A. J. Clark, M. D.

Prenatal Influence—J. W. Harris, M. D. Discussed by W. C. Allen.

GYNECOLOGY—H. K. Dunklee, M. D., Chairman.

Conservation of the Ovary S. S. Smythe, M. D.

Pelvic Abscess..... Curtis M. Beebe, M. D.

Stricture and Catheterization..... H. K. Dunklee, M. D.

Conservative Gynecology: A Case.

E. G. Freyermxth, M. D.

Friday, September 29.**MENTAL AND NERVOUS DISEASES**—Pearl B. Wheeler, M. D., Chairman.

Cholera Infantum and its Relation to the Sympathetic Nervous System A. J. Clark, M. D.

Nervous Prostration..... L. J. Ingersoll, M. D.

Epilepsy E. J. Clark, M. D.

PROVINGS—Clinton Enos, M. D., Chairman.

Some Native Medicinal Plants W. A. Burr, M. D.

(This bureau will make an exhibit of medicinal and poisonous plants indigenous to Colorado).

OPHTHALMOLOGY, OTOTOLOGY and LARYNGOLOGY—G. S. Peck, M. D. Chairman.

Correspondence.

LINCOLN, NEB., August 15th, 1899.

SAMUEL S. SMYTHE, M. D., Editor:

The Atlantic City meeting of the American Institute was admittedly one of the greatest and most satisfactory meetings of its history. This was the result of the more thorough appreciation by the profession of its debt to the Institute for the past, and a recognition of the possibilities of the future.

No business prospers that is only furthered by periodical spasms of interest. There is a necessity for watchful, persistent work twelve months in a year. The business of the American Institute is no exception to this rule. The present officers of the Institute desire, to be faithful to their trust to the very last minute of the tenure of office, that they may be able to place the Institute in the care of their successors strong and well equipped. Now, as in the earlier part of the year, this is only possible by the faithful help of the individual members. During the remaining four or five months of 1899 the canvass for new members should continue, each member being loyal enough to determine to secure at least one application for membership. This can easily be done, and we appeal to the Institute Membership to give their attention to this promptly.

Application blanks may be secured of the Secretary, Dr. Eugene H. Porter, 181 West 73rd Street, New York City, New York, and when filled should be sent with the necessary seven dollars to Dr. Geo. B. Peck, Providence, Rhode Island, Chairman of the Board of Censors.

And yet, after all, what does it profit a society if we enlist new blood only to lose each year nearly as many who have only joined from chance or some circumstances of social interest? We appeal to the "old guard" to stand firm, not merely retaining their membership but keeping in close touch with the officers and committees of the Institute to remain in the work. We want applications and fees for 500 new members in the hands of the Board of Censors by January 1st, 1900. So easily done if each one does his duty.

To foster this work, we request that those who have been faithful members of the Institute give to the Medical Press in a few words the reason for their faith and loyalty. We are sure that the Journals will be more than glad to give space for hundreds such short twenty or thirty word letters. You love the old Institute, tell your fellow why! Arouse his interest, push the work DON'T WAIT. Write that word AT ONCE.

This is a work the body of the Institute can prosecute. That the committees will execute the detail of committee work we have

no question ; but there is a work resting in the hands of one Committee that cannot be carried to successful completion without the aid and abettment of the individual. This is the work of the Hahnemann Monument Committee. A monument already completed and ready for erection in Washington, that noble capitol city of our land. A work of art second to none. When erected a constant reminder to an ever passing public, of our honor and gratitude to the father of our faith. An argument stronger than words for the strength of our school, and such an example of art that he who sees cannot forget, and remembering he thinks again and gratefully of you, of me, of all that school of medicine that, through their love and loyalty, have given such a gift of love to the people.

Would we be known and respected throughout the length and breadth of the land, we must write our history and work on the public scrolls. This committee, under the direction of the American Institute and the encouragement of the profession, contracted for this work. The Monument Committee has done its work and done it well, and now asks you who gave them your work to do, for the necessary amount to meet their liabilities so that this monument may be erected free from debt early in 1900.

The Committee will make a most vigorous canvass during the fall—the money must be raised—it will be raised. We know enough of the personnel of our profession to rest assured that early, yes, easy response and success awaits the work of this committee.

Proud of your inheritance, anxious for the perpetuity of the memory of your benefactor in the faith, lay aside something for this work. Fraternally, BENJ. F. BAILEY,

President American Institute of Homeopathy.

Notes and Personals.

The latest is an automobile that travels on the water.

They are sick that surfeit with too much, as they that starve with nothing—*Shakespeare*.

Massage of the region of the stomach and duodenum will, it is said, often cure, in from three to six seances, obstinate cases of the vomiting of pregnancy.

Painting the nipples several times a day with the white of an egg is stated to be a most successful treatment for the sore nipples of nursing women.

A man 35 years old, in the second stage of Bright's Disease and steadily growing worse, took Armour's Extract of the Suprarenals for seventeen days without any perceptible effect.

The medical journals are now all talking about the "standardization" of medicines. If the effort to bring them to a uniform standard of therapeutic strength has also the effect of putting none but those of known purity on the market, a great good will be accomplished.

Persons who have become so habituated to the use of alcohol, tobacco, arsenic, opium, cocaine, or other drug poison as to be enabled to take immense quantities without the usual or primary effects of the drug, ought upon this principle to be more or less immune from such diseases as have symptoms of the drug to which they have become so habituated; and it is believed that careful investigation will show that such is, to a considerable extent, the fact.—*Dr. D. H. Roberts.*

The Missouri Valley Homeopathic Medical Association convenes, October 4th, 5th and 6th, at St. Joseph, Missouri. It is said, "An excellent program is being prepared for the meeting and a large attendance is anticipated. The meetings will be held in a pavilion at Lake Contrary, about two miles from the city."

Prof. R. L. Garner has now been studying monkey language for sixteen years, and is still pursuing his investigations. He claims that animals have vocabulary by means of which they convey their ideas to others of the same species. In a recent lecture before the Columbus Academy of Medicine he said: "It is not a theory, but a fact, that animals talk, and I can speak to them in their own language. I do assert that monkeys talk, that they communicate with one another by means of spoken sounds."

At the recent English Homeopathic Congress in Leicester England, the President, Dr. Byers Mair, of London, said: "There remains this essential difference between the two schools of medicine: Homeopathy recognizes and still maintains that there are definite laws which regulate the choice of medicines, and from these strict rules have been adduced for practice. Looking back over the century we see medicine gradually giving up the heroic treatment, and recognizing the value of one medicine at a time, in much smaller doses; we see it also recognizing the necessity for finding out the action of drugs by pharmacological experiments, thus drifting towards the principles which Hahnemann was the first to lay down, and which now fall into line with modern physiological work."

The Alumni Association of the Denver Homeopathic College holds regular monthly meetings at which many interesting papers are read and discussed. At the last meeting the secretary was directed to invite, each month, two members of the College faculty to be present and take part in the discussions. A good move we think, and hope all invitations will be accepted. The alumni are all right.

The State Society, which meets in Denver this year September 27, 28 and 29, promises to be a great success. President Tucker is doing everything possible to engage professional interest and coöperation. Read her letter in this issue and then come out and help her make this the banner year of the society.

Dr. C. E. Tennant has gone east to spend the month of September in Michigan, where he will join Mrs. Tennant and daughter.

Dr. C. W. Enos has returned from an outing in Rio Blanca Co., where he killed deer to the limit allowed by the law.

Dr. J. W. Harris has gone to Chicago on a vacation.

The CRITIQUE wishes to extend to J. C. Irvine, M. D., its heartfelt sympathy in the death of his wife.

Major Clayton Parkhill was a member of the Governor's party to San Francisco to welcome the First Colorado boys home to the United States.

The CRITIQUE is in receipt of the announcement of the Detroit Homeopathic College. We wish to congratulate our friend D. A. MacLachlan, M. D., Dean, on its handsome appearance.

The CRITIQUE regrets to learn that Dr. S. S. Kehr has been sued for alleged malpractice. The amount asked for is ten thousand dollars.

Dr. Hunter, the gentlemanly representative of C. Bischoff & Co., New York, called upon the CRITIQUE the last week. His call reminds us of our happy experience in the use of Menthol in the treatment of a large chronic ulcer that absolutely refused to fill up and heal, after the use of the most powerful antiseptic and pus destroying agents known, until we used menthol which seemed to stimulate and start the granulations at once and rapidly heal the ulcer.

Dr. Stella M. Clarke has moved to the Steele Block, where she has fitted up very pleasant offices.

Dr. Wm. Bane left Denver on a hunting and fishing trip through Middle Park.

The CRITIQUE wishes to acknowledge a very handsome bust of Pasteur, presented by the manufacturers of Pasteurine, Jno. T. Milliken & Co., of St. Louis. We could not run our office without Pasteurine. It has such a pleasant odor that half the sting of an operation is removed by using it. Contrast it with iodoform, carbolic acid, etc., while at the same time, it is superior as an antiseptic.

An Open Letter to the Homeopathic Profession of Colorado.

The Annual Meeting of the Homeopathic Medical Society of the State of Colorado will be held in the Masonic Temple, 1614 Welton Street, Denver, Sept. 27-29, 1899. You are identified as a member of the Homeopathic Profession of Colorado, and in the name of the State organization, we invite your co-operation. We ask your membership, your presence, your wisdom and experience in the presentation of papers, in discussions and in the transaction of the business. We are persistent in urging this request, and have no hesitancy in boldly pressing its claims on every Homeopathic physician of the State.

We ask your membership because you count one in the fraternity of the healing art, and loyalty to your profession demands that you enroll yourself in its organizations. The Medical profession, as a profession, is recognized as a unit only by its organizations, not by its individual factors. To maintain the dignity of the profession, enhance its beneficence and demonstrate its science and art is the task of its organized members. It is only when citizens band themselves into an army that they are counted loyal and true patriots. Soldiers are found within the army; he who wills to fight alone is counted a deserter. There is a false notion that to belong to a state medical organization one must be acquainted with or approve and love all of its individual members. This is a wrong basis, and if applied to the army would demoralize its effectiveness. One ought to belong to medical organizations because he is a physician, and if it is necessary at times to put up with incompetent leaders or have "embalmed beef" for rations, these wrongs can never be righted or improved by withholding sur support. We must persistently fight together and keep the high ideals uppermost, to the shame of those who have not the same sense of justice and medical patriotism. Criticism from those within the ranks is always effective. "Round Robin letters" from those beyond the rank and file are never kindly received.

We do not believe the Homeopathic Medical Society of Colorado can ever attain the honors it merits unless every Homeopathic physician in the State is a member, and actively interested in its proceedings. So long as you are identified as a physician, loyalty to your chosen profession demands your membership, even if you do not feel kindly to all or even to any member. We invite your membership; come and join us. Give us an opportunity to greet you fraternally. We need your help and strength. We need the golden truths you have delved to increase the output of medical science.

We need your judgment in the formulation of medical laws. We need your support in the demonstration of the truth of "Similia Similbus Curenter" in the public institutions of the State. We need your fellowship, your criticisms, your high ideals. We need the opportunity to say "forgive us," and your patience as we work toward unity, in fact we need the best that each individual physician possesses, to be cast into the State Homeopathic Society to ennable and build the profession. We ask it because you are a physician, a Homeopathic physician. May we have it?

Yours fraternally,

Pueblo, Colo., Sept. 1, 1899. GENEVIEVE TUCKER, President.

Book Reviews.

ESSENTIALS OF HOMEOPATHIC MATERIA MEDICA AND HOMEOPATHIC PHARMACY. By W. A. Dewey, M. D., Prof. of Materia Medica, University of Mich.; Author of "Essentials of Homeopathic Therapeutics," etc, etc. Third edition revised and enlarged. 1899. Boericke & Tafel. Price, Cloth \$1.75 net; by mail \$1.85. Half Morocco \$2.00; mail \$2.10.

The third edition of this book is a decided improvement on former editions in that many new remedies have been added, with more complete indications for the old ones. It is designed for the use of students and is an admirable presentation of the subject in a condensed form. Some idea of the value and popularity of the work may be gained from the fact that it has been translated into the German, French and Portuguese languages. An immense amount of valuable information has been crowded into a comparatively small volume.

THE PROCEEDINGS OF THE MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY, Volume XII, is a condensed publication of the Society's records from 1889 to 1899 inclusive.

The book is handsomely bound and printed by Daniel Gunn & Co, Boston, and makes a valuable historical volume.

Things to Remember.

The modern drugstore ad. exclaims,
 "Come see our prices fall!
 Our peerless bargains bring disease
 Within the reach of all."—*Exchange*.

That H. F. McCrea, Druggist, cor. 17th and Champa Streets, is prepared to furnish Homeopathic supplies from the well-known house of Halsey Bros. & Co.

John Dove does all kinds of printing and job work, 1623 Curtis Street. Remember to call and get his prices.

A road-bed so perfect with ballast of rock,
 A service so punctual "On time to a Dot."
 A train-crew so courteous, no effort to please,
 Makes travel a comfort, a pleasure and ease.
 A double-tracked mainroad from East to West,
 A "Chicago-Northwestern" for travel, "The Best."

W. H. Lauth, the Surgical Instrument man, keeps everything needed by the surgeon and physician. Orders by mail promptly attended to.

Bovinine is the thing you need for the treatment of aenemia, cholera infantum, typhoid fever, collapse, and in surgery; but read their ad. in this issue.

A brooklet is a little brook,
 Coursing down a shady dell;
 A booklet is a little book—
 Tales of love they tell;
 A streamlet is a little stream,
 Which reflects the summer sky,
 But a bullet is not a little bull—
 Can any one tell why?—*Harper's Bazaar*.

We wish especially to call your attention to P. D. & Co.'s ad. in this issue of THE CRITIQUE. It will interest you. Read it.

THROUGH COLORADO—The Denver and Rio Grande Railroad, with its numerous branches penetrating the Rockies, has two distinct and separate lines across the mountains. Tickets reading via the "Scenic Line" between Denver and Grand Junction, in connection with the Rio Grande Western Railway, between Grand

Junction and Ogden, are available over the Rio Grande either via its main line through Leadville and Glenwood Springs or via the line over Marshall Pass and through the Black Cañon. Tourists to and from Salt Lake City, Ogden or San Francisco will find it to their advantage to have their tickets read in both directions via "The Scenic Line of the World," thus being able to use one of the above routes going and the other returning. Write S. K. Hooper, G. P. & T. A., Denver, Colo., for illustrated pamphlets.

The Western Practice Bureau, El Paso Block, Denver, Colo., will put you onto what you want in the way of location. Doctors will find it to their interest to communicate with above Bureau.

THE CORN ROAST.—The annual corn roasts at Loveland have become recognized as the event of the year in Northern Colorado. The date for this year's roast is set for September 4th, Labor Day, and as the date falls upon a national holiday the attendance will undoubtedly be unusually large. The Colorado Road is making preparations to handle an immense number of people from points both north and south of Loveland, and will make unusually low rates for the occasion.

I heard a footstep on the stair;
My heart stood still a space,
And I could feel the hot blood mount
In waves upon my face.
"Tis she, my love," I told myself;
I rose to meet the dear,
And met her slippered dad, who growled,
"Well, what do you want here?"

That the Colorado Midland Railway Co. will present any one writing to W. F. Bailey, G. P. A., Denver, Colorado, a copy of the Game Laws of Colorado, that gives a full text of the law as passed by the last Legislature.

Peptogenic Milk Powder, for modifying cows' milk for infant feeding, as manufactured by Fairchild Bros. & Foster, New York, has no equal.

"Where," asked the female suffrage orator, "would man be to-day were it not for woman?"

She paused a moment and looked around the hall. "I repeat," she said, "Where would man be to-day were it not for woman?"

"He'd be in the Garden of Eden eating strawberries," answered a voice from the gallery.—*Boston Traveler.*

Now is the time to remember Hydrozone in the treatment of

typhoid fever, typhus, cholera infantum, dysentery, etc. Prepared only by Charles Marchand.

Passengers for the East will find superior accommodations on the trains of the North-Western-Union Pacific Line, Denver to Chicago. Double daily service, short time and all latest improvements in equipment, including diners, are a few of the features. Everything modern and up to date.

Yeast—"I see what you ate for your breakfast this morning?"

Crimsonbeak—"How so?"

"Why, you've got eggs all over your shirt front."

"Then you only see what I didn't eat."—*Yonkers Statesman*.

Prepare for winter by having your plumbing attended to by T. J. White, of 1543 Champa Street, Denver.

THE PALACE OF SALT—The Salt Palace in Salt Lake City, constructed from salt crystals formed in the brine of Great Salt Lake, is the most novel enterprise ever undertaken in the West. The main building is a veritable crystal palace, and no adequate idea of the dazzling effect can be secured except from a personal view of the exhibition. Connected with the Palace is a Midway Plaisance, including Hagenback's Great Wild Animal Show and the Fastest Bicycle Track in the World. The Palace is located in the heart of Salt Lake City and occupies about twenty acres of ground. The only transcontinental line passing directly through Salt Lake City is the RIO GRANDE WESTERN RY. Stop-over privileges given at Salt Lake City on all classes of through tickets. This line operates through Pullman Palace and Ordinary Sleeping Cars, Free Reclining Chair Cars and a Perfect Dining Car Service. Send two cents postage to Geo. W. Heintz, Acting General Passenger Agent, Salt Lake City, for copy of "Salt Lake City—the City of the Saints."

"Who is running this government?" asked Aguinaldo severely when the deserter was brought before him.

"I didn't stop to see who was in pursuit," said the panting culprit. "I simply joined in and helped it run."—*Washington Star*.

Amos J. Given runs the most complete sanitarium in the U. S. for the treatment of mental and nervous diseases; opium and alcohol habitues. Read advertisement on fourth cover page.

A great bargain in McIntosh Battery and Optical Company. Goods 20 to 50 per cent. reduction. Write at once for catalogue.

THE CRITIQUE.

VOL. VI.

DENVER, COLO., OCTOBER 15, 1899.

No. 10

The Oculist vs. The Optician.

By David A. Strickler, M. D.

"Eyes examined free," is a sign common to almost every jewelry store, almost every optical store, and to hosts of stores, offices, street stands, etc., so varied in character that one is made to feel that philanthropy has grown at a rapid pace in the past few years, and that we must be approaching the millenium. This impression is still more fully confirmed when he steps inside and finds that the man who proposes to do something for nothing, is an educated gentleman whose professional attainment is attested by a beautifully engraved diploma showing that he is a "Graduate of Optics," a "Doctor of Refraction," a "Doctor of Optics," a "Doctor of Ophthalmology," a "Fellow of Optics," a "Bachelor of Ophthalmology," or a "Master of Ophthalmology," etc.; that he is not only an optician who thoroughly understands mechanical and theoretical optics, but that he is also a superior refractionist and "Eye Specialist." (*Sic.*)

If his claims be true, he is indeed a philanthropist. If untrue, he becomes nothing but a dishonest tradesman, a fakir of the most pernicious type, because he deals with one of the most delicate organs of the body, an organ whose nervous mechanism is so intimately connected with that of the general nervous system that some of the gravest diseases known to humanity may result from its improper treatment—among which may be mentioned insanity, epilepsy, St. Vitus dance, consumption, etc.

That the medical profession does not believe in his pretensions is evidenced by the following resolutions passed by the American Medical Association at its last annual session:

"Resolved, By the American Medical Association that the

treatment of errors of refraction in the eyes requires a knowledge of pathology and therapeutics."

"Resolved, That the application of lenses in such cases is a part of the practice of medicine, to be undertaken by no one not qualified to practice medicine and surgery."

Also by the following, passed by the American Institute of Homeopathy at its last session :

"Resolved, That it is the opinion of the American Institute of Homeopathy that opticians are not qualified by either education or training to perform the work of the oculist, which deals with the function of the eye and the health of the patient.

"Resolved, That until opticians have fitted themselves by a medical degree to treat diseases, all physicians are reminded of the dangers to their patients in consulting tradesmen, and are requested to discountenance the growing practices and assurance of the optician."

These resolutions voice the sentiment of national organizations representing the two great schools of medicine of the day. Similar resolutions have been passed by various state medical societies throughout the United States.

To the superficial observer, the question may seem one of competition between men equally fitted for the work, the one examining free and the other charging, the former his friend, who gives something for nothing, the latter his enemy, who asks a large fee for small services.

But let us look a little deeper ; let us compare the preparation required by each for a degree, and see what is the probable relative ability to do good work.

We will suppose a young man starting in life, decides that he wants to treat the eyes for a living, and the question to settle is, "Shall I be an *oculist* or an *optician*, (the popularly advertised eye-specialist?)"

Investigation develops the fact that to be an *oculist* he must first obtain the degree of "Doctor of Medicine." To obtain this degree in any of the schools of reputation, he must, before he can enter college, have a good education, such as is obtained in a good high school or its equivalent. With this preliminary

education, he can enter the college where he must spend four terms of at least six months each, no two of which may be in the same year, before he can get his degree. If, perchance, he has obtained a degree in some literary college, he may receive his degree of M. D. at the end of three years, further study. Having received his degree in medicine, he is ready to begin the study of his specialty. If conscientious, he will not think of stepping out of a medical college a full fledged oculist. Our very best oculists are men who spend a few years in general medicine familiarizing themselves with the general facts in medicine before they take up special facts. Having prepared himself for good work in general medicine, it is not probable that he will take up a special line without a conscientious effort to do like good work.

There are exceptions here as everywhere else in life, but the rule is, that the man who is careful to lay a good foundation, will likewise be careful in placing the superstructure.

On the other hand, what must he do to become a self-styled "optician?"

I use the term "self-styled" to distinguish him from the scientific dispensing optician who spends two years in lens grinding, where he learns to understand the quality of the various materials used, and to detect imperfections in lenses, either during the process of grinding or in the finished product; another year in learning to construct frames so that he may be able to properly fit a frame to any face, another or a fourth year under a scientific frame and eye-glass adjuster, where he learns how to properly place lenses for near and distant use, and many other things that add to the comfort of the patient and the satisfaction of the oculist. In passing, allow to me say that the oculist is no more qualified to fit and adjust spectacles and eye-glasses than is the mechanical optician to prescribe lenses, and is fully as much out of his place in attempting to do it.

As nearly as I can ascertain, there are not to exceed one-half dozen men in Denver qualified to do this work, and less than that many places where surface grinding is being done in a sci-

tific manner. The men who claim to do it are as numerous as the signs "Eyes examined free."

There are one or two scientific dispensing opticians in Denver who are content to confine themselves to the legitimate field of filling the oculist's prescriptions, and who, if properly encouraged by the oculists, will do more toward breaking up the pernicious influence of the pseudo-optician than is possible by any other means.

If our friend write to the various optical colleges asking the following questions :

First. "What are the preliminary educational requirements necessary to enter your school ?

Second. "What subjects do you teach and how much time is given each ? Is it necessary that I take up any of them before entering the school ?

Third. "How much time is it necessary that I spend with you for a degree, and what degree do you give ?

Fourth. "How much will it cost to take the course, and when can I begin ?

Fifth. "Do you give a correspondence course to those who cannot attend your school in person ? If so, please give full particulars.

"If you issue a catalogue, kindly mail me one," and his experience agree with that of a friend of mine who wrote for me, he will receive no answer to questions, and but one catalogue.

If he then write, under another name as my friend did, for catalogues, he learns from the *South Bend (Ind.) College of Optics*, that there are *no* entrance examinations or requirements ; that they "can give the earnest student better service than any other optical school." That "the average time necessary (to get a degree) is from four to six weeks, very few students remain longer than six weeks. Some have even completed the course in a little over three weeks."

"If perchance, he cannot leave home or his business, he can, for \$25.00, \$15 down and \$10 when diploma is ready, take a correspondence course which "will enable the student to acquire a practical knowledge of every branch of the optical science, and

to become a thoroughly skillful and expert optician, without leaving home and without loss of time." At the completion of the course, "the same diploma and degree is awarded to our correspondent graduates as to those who attend personally, and there is nothing about it to indicate that the course was taken by correspondence." (*Sic.*)

Of their diplomas they say, "Our Diplomas are works of art. We have gone to a great deal of expense to make them the most elegant of any that have yet been produced. One of the most prominent engraving firms in the world designed and engraved the title. They are 22x28 inches in size, printed upon heavy parchment paper, and, with student's name richly engrossed and ornamented, form a most attractive ornament for the office or store room. They have much weight in securing the confidence and esteem of the public."

This college confers two degrees, that of "Graduate of Optics" and that of "Doctor of Optics."

The catalogue gives but one name, and apparently has but one teacher, Dr. H. A. Thompson, whose name alone appears on the diploma. He signs his name "Dr." because he is not an "M. D." only a "Doctor of Optics."

From *The Northern Illinois College of Ophthalmology and Otology* he learns, "that only an ordinary education" is necessary to master this important subject.

He also learns the following facts which I quote *verbatim et literatum*, lest I be charged with misrepresenting.

"*Fellow of Optics*—Every one registering with us receives, immediately on registration, a certificate certifying that he has matriculated with *The Northern Illinois College of Ophthalmology*, and is known as a fellow in optics and a member of this college. This certificate is suitable for framing and makes a very creditable appearance in one's place of business.

"*Our Diplomas. Doctor of Optics*—On completion of our Correspondence course of six weeks and the applicant passing a satisfactory examination, we are, by our charter, permitted to confer the degree of *Doctor of Optics* and issue a diploma. This diploma, beautifully engraved, frames 25x28 inches, is a most

effectual credential and an ornament to the store or office, carrying weight with the public.

This same degree is also conferred upon Attendant students at our college.

"Bachelor of Ophthalmology"—When one has received the degree of Doctor of Optics and wishes to continue his study, we have in our Extension Course advanced work which will require six weeks' reading or two weeks' attendance, and, on the completion of this Course, together with a satisfactory examination, this degree is conferred and a diploma, beautifully engraved, setting forth the advanced application given to the subject.

"Master of Ophthalmology"—To those who still wish to progress our Extension Course requires additional study of six weeks, or two weeks' attendance, on the completion of which, and the passing of a satisfactory examination, this degree is conferred upon them, and a beautiful diploma, as previously described, will be regularly issued by the college, setting forth the facts that this advanced study has been successfully accomplished."

"Dr. of Ophthalmology"—For those who still desire to continue their work we have an advanced Course, which, when completed will fully equip one, not only as an optician, but as an oculist ready to prosecute work in this line fully and satisfactorily, but *in most States the law requires one to be a Doctor of Medicine*. On the completion of this course and a satisfactory examination a diploma is awarded the student and the degree of Doctor of Ophthalmology is conferred upon him."

"Doctor of Medicine"—We wish to state in this connection that neither this nor any other optical school can license anyone to practice medicine or perform surgical operations. To obtain the degree, Doctor of Medicine, one must attend a medical college and if this degree is of value the college conferring it must be recognized by the State Board of Health of the state in which he practices. Most state boards demand four years of attendance at a medical college."

The cost for the degree, including the diploma, \$25.

From the *Chicago Ophthalmic College* he learns that "no

burdensome requirements for admission are imposed; as the college offers work for students of all degrees of advancement, any young man or woman may, upon application and payment of tuition, at once enter the college and become a regular enrolled student, entitled to all privileges of instructions and clinics."

He further learns that "students completing a course of four weeks in the college and complying with the requirements for graduation, will be awarded a diploma."

"Requirements for graduation.

First—Good moral character.

Second—One or more courses in this college.

Third—Prompt and regular attendance.

Fourth—Satisfactory examination on subjects taught.

Fifth—Payment of tuition fee, \$50."

From the *American College of Ophthalmology* he will learn that they will send him eight lectures—one per week—with questions for him to answer on each lecture, and at the end of eight weeks they issue a diploma conferring the degree of "Doctor of Ophthalmolgy," of which they say "Our Diplomas are 17x22 and present a handsome appearance—and coming as they do from this great city (*Sic.*) carry prestige with them, and always convey a good impression." "Fees \$15 in advance, \$10 when degree is conferred."

From the *McCormic Optical Co.* he learns that their "sessions begin at 9 A. M. and continue until 5 P. M., with one hour intermission at noon. Students must be present at every session promptly, by so-doing any bright person may complete the course in eight days;" etc. "Tuition Fee including Diploma, \$40." Degree conferred not stated.

There are many other colleges (?) in existence, every one of which was written asking for a catalogue, but these are the only ones heard from. They are so similar in general tone and character, that more catalogues would simply mean more repetition.

I have used their own words in order that I might not be charged with misrepresentation.

All of the catalogues speak of optics as a profession, and the

man who holds one of these hard-earned diplomas becomes a professional gentleman ; his name appears in the daily papers as Prof. so and so, who examines the eyes free, and in some instances, to our definite knowledge, obtains as much as sixty dollars for glasses—frames and all of which are sold at retail for not more than \$7.50. When the victim feels that he is not getting what he paid for and asks for some one to counsel him, he is coolly informed that he, the Professor, is the only competent eye specialist west of Kansas City. This actually occurred within the past week. That it may be an extreme case, I do not doubt, but that it is in line with, and a legitimate outcome of the deceptions practiced by these people, as a whole, no one can successfully refute.

One of my patients was asked, "Why go to an oculist and pay for an examination when I will examine your eyes for nothing, while the oculist can sit at my feet and learn." Another who holds a degree by correspondence, said to a friend of mine, "It is perfectly absurd and laughable for the oculist to claim that he can fit astigmatism better than the optician."

Just a word as to what is meant by "Eyes Examined Free." In the first place it means that the salesman either sells glasses or gets nothing for his pains, his sole object then lies in his ability to induce his customer to take glasses. His profit lies in what he makes off his glasses. In a recent patient of mine fitted (?) by one of these gentry, the profit amounted to not less than forty dollars. In a friend of another recent patient fitted by another fakir, the profit was over fifty dollars. In a large number of cases coming to all oculists, the fees paid in profits to these pseudo-opticians before coming, would be considered good pay by the oculist, whose fees are misrepresented by the fakir for a purpose too evident to need even a statement.

The printer who sets type on your newspaper serves an apprenticeship of five years ; the painter who paints your house, serves an apprenticeship of three years ; the plumber serves four years ; the blacksmith who shoes your horses, three years ; the barber who is content to cut your hair and shave your face, serves two years ; the mechanical optician who grinds lenses,

makes frames and places the lens before the eyes, serves four years; the pharmacist who fills the doctor's prescription must show evidence of good education and spend three years in a College of Pharmacy before he can get his degree; the dentist who treats your teeth, must give evidence of high grade of education and spend three years in a Dental College for his degree; the physician must first have a good education and attend a medical college four years before he can obtain his degree; the oculist starts with the degree of "Doctor of Medicine" and fits himself by future study and post-graduate work to treat your eyes, recognizing that the most exacting and trying work he has is the careful correction of errors of refraction.

The pseudo-optician, without any previous training or education, obtains his degree in from eight days to six weeks. These are the wise ones who tell us that "it is perfectly absurd for the oculist to claim that he can fit astigmatism better than the optician."

What a pity they cannot spend two or three weeks more in an optical college, or take a little longer correspondence course and obtain a degree or two more, so that the oculists might sit at their feet and learn! What a shame that a few of them cannot be spared from their business long enough to become oculists and thus instill some of their great wisdom into the ranks of this benighted profession!

It would be an act of charity worthy the philanthropists who "Examine eyes free."

Rapid Spread of Leprosy in Russia.—Are cent number of the *Medical Record* states that leprosy is spreading at a rapid rate in Livonia and Courland. The military authorities in these districts have been compelled to reject for the army many young men found to be infected with the disease. It is exceedingly difficult to confine the disease to any one district, as the Norwegian authorities have learned to their cost. More than five thousand cases are already reported from Russia.

GENERAL MEDICINE.

Edited by W. A. BURR, M. D.

Formaldehyd as an Antiseptic.

The *North American Journal of Homeopathy* gives the following as the results of experimenters in the use of *Formaldehyd* as an *Antiseptic*:

I. Infected dwellings may be superficially disinfected at ordinary temperatures by the use of 1 per cent. in volume of formaldehyd gas for at least two hours. This kills all non-spore-bearing germs that may be superficially exposed. Hidden germs will not be affected, as the penetrating power of the gas under these circumstances is slight.

II. Bedding, carpets, and so on, can be purified by placing in hermetically sealed cylinders, forming a vacuum, and heating to 110°. The formaldehyd gas is then passed through in the proportion of 10 per cent. and kept saturated for three hours. Under these circumstances pathogenic germs enclosed in tightly rolled mattresses are killed. Delicate colors and fabrics are uninjured.

III. Books to be disinfected must be placed in the exhausted cylinders and left open. They are then completely disinfected without injury. If kept closed the gas cannot penetrate between the leaves.

IV. Formaldehyd has the following advantages over sulphur: (1) It is more efficient and rapid. (2) It is less injurious to fabrics and other materials. (3) It is less toxic to the higher forms of life. (4) There is less danger from fire. (Both are generated by burning. The sulphur must be left in the room. The formaldehyd apparatus can be set up outside, and the gas conveyed through a pipe to the place desired.)

V. The authors conclude formaldehyd to be the best general disinfectant known. Steam or dry heat at a temperature of

230° F. act more promptly, but they are destructive to books, and steam will ruin many fabrics."

Admiral Dewey had 6¾ ounces of his liver removed at Valetta, on the island of Malta, in 1882. The operation was successfully performed by some English surgeons for congestion, the excised portion being still preserved in the pathological museum there. Previous to the operation he was very rigorous and exacting, it is said, in his military discipline, and he has been called a martinet; since the operation, however, he has come to be much less severe in his discipline, making him none the less efficient, but altogether more acceptable as a military leader.

It is to be hoped it may be given out to the world just the portion of the liver that was cut away, and its diseased state at the time. If it becomes generally known that persons may be rendered more amiable in this way the operation ought to become very popular.

B.

A woman, aged thirty, in her fourth pregnancy, had repeated attacks of hydrorrhœa in the early months. In a few weeks these watery discharges ceased and by the eighth month the abdomen was enormously distended. Inunctions of olive oil afforded some relief from the painful stretching of the abdominal walls. But the pains from the stretched tissues did not entirely disappear. Solutions of *calendula* were then applied, on the supposition that some of the tissues of the abdominal or uterine walls had been wounded from the excessive distension, but this experiment was without avail.

I then gave her *calendula* 6x, a dose each hour. After a few doses she experienced relief, which continued up to time of delivery, when she gave birth to twins, and in every respect got along well.

B.

"It is the common habit in England to eat five times a day," remarked Dr. C. Prentice, of London, at the Brown Hotel, yesterday in speaking of the difference between the climate of Eng-

land and the United States. "In this country three meals a day seem to be quite enough to satisfy any ordinary individual. One who has lived on the British Isles soon learns the reason why a greater quantity of food is required there. It is on account of the moisture in the atmosphere. The moisture is a good conductor of heat and a plentiful supply of food is necessary in order to keep up the heat of the body."

"The foggy atmosphere of England has a beneficial effect on nervous diseases," continued the doctor. "In the clear, dry atmosphere of the Rocky Mountains, the strain on the nervous system, through the eye, is highly appreciable to one who is accustomed to an air charged with vapor. The nerves are excited by the bright light, and the individual acts under a higher tension than if he were near the sea level, where the moisture in the air softens the light to the eyes."

The doctor is studying the effect of the higher altitude upon the lungs, and has arrived at the conclusion that the benefit, in a great measure, is due to the increased exercise of the lungs, the action being in the nature of a massage, causing increased circulation of the blood. In the opinion of the doctor, Colorado is an ideal place for the cure of most of the diseases incident to humanity, provided the patient is not exposed to too great a strain on account of the brilliant sunlight.—*Rocky Mountain News.*

Points in the Arsenical Caustic Treatment of Cutaneous Cancers.

1. The arsenious acid caustic treatment of skin cancers does not contemplate nor depend upon the actual destruction of the new growth by the caustic.

2. The method is based upon the fact that newly formed tissue of all kinds has less resisting power than the normal structure when exposed to an irritation and its consequent inflammation. Hence the former breaks down under an "insult" which the latter successfully resists.

3. If, therefore, the whole affected area can be subjected to

the influence of an irritant of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4. Arsenious acid of properly mitigated strength is such an agent, and its application causes an inflammation of the required intensity.

5. It, therefore, exercises a selective influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife, or cautery, which requires the exercise of the surgeon's judgment as to the extent to which it is to be carried. That that judgment is often wrong, and necessarily so, is shown by the frequency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinoma in which the deeper structures are not involved, and which do not extend far into the mucous membranes.

8. It is easy of application; it is safe; it is only moderately painful; and its results compare favorably with those obtained with other methods.—*W. S. Gottheil, M. D.*

Growing Hair on Bald Heads.

According to the *British Medical Journal*, a Turkish physician has been experimenting successfully on the transplanting of hairs, one by one, to bald parts of the scalp. His results seem to show that there is no impossibility in the complete renewal of a lost head of hair by this means, although the amount of time and patience necessary for the accomplishment of the task would be considerable, to say the least. The physician, Dr. Menahem Hodara, tried his experiments in the case of a disease that had removed part of his patient's hair. The hairs used for the purpose were trimmed with scissors at each end. Some four weeks after implantation a certain number of the hairs were found to have taken root, and in no long time a goodly new crop was

produced. Encouraged by these results, Dr. Hodara has since applied the method in other cases of baldness, and he thinks himself justified in stating that clinically there can be no doubt as to this very curious fact: That small bundles of hair stems cut with scissors and implanted in the incisions made with the scarifier can take root and grow, forming in time long and viable hairs.

In the last article written for the medical press by the late Mr. Lawson Tait, the author makes a plea for adoption in Northern countries of the plan followed in Southern climes from time immemorial: the use of separate beds for married couples. He says: "The additional comfort obtained by every English man and woman on a visit to Southern countries, when they found in their bed rooms two snug little single bedsteads placed side by side, made no impression till about ten years ago, when a few venturous islanders began to dare the breath of scandal by having separate beds. There can be no doubt that this was the reason why the improvement was resented, for to this day the proof of the worst that can be circulated concerning a married couple is that 'they occupy separate rooms!' The use of separate beds was, and is to some extent still, regarded as almost scandalous. Yet in all the best homes in our country of late each bedroom has attacht to it a 'dressing room,' with a single bed in it, and by this a great increase in comfort and health is attained. Now that we know that consumption is a disease communicated from one to another by contact and breathing the air already breathed by the consumptive, the hygienic precaution of separate beds ought to receive some public recognition. For centuries the Italian physicians have taught the possibility of the disease spreading from husband to wife, and from one person to another, when a tainted and a healthy person have occupied the same bed. There are doubtless many other diseases of which the same is true."—*Ex.*

MATERIA MEDICA.

Edited by Edwin Jay Clark, M. D.

State Society Gleanings.

Materia Medica was at a discount in our State Society proceedings. The papers were devoted to more scientific subjects. We give a few thoughts gleaned during the session.

Dr. Calvert recommended nux 3x for Delirium Tremens in women. Dr. Freyermuth considered macrotin 2x or 1x almost a specific. Dr. Bebee used Passiflora, Dr. Burr capsicum 1x, Dr. Willard suggested Sulph Ac, 1x as good to sober off on. Dr. Morrow uses Strych. nit. and the liquor they want and soon satisfies them.

Dr. Hatfield considered Hydrastis a specific in Stomatitis and sore mouth of children. "A dirty yellow streak down the middle of the tongue." No superior in diseases of the urinary organs. She calls it "the woman's uterine tonic."

Dr. Braisted contrasted the character of the sinking in the stomach of Hydrastis and Sepia. "Sepia sensation is directly connected with pain in the back, which goes through to stomach. While Hyd. sinking was entirely due to the stomach. Dr. Tucker spoke of its slow action and debility and advised its use locally in a dry powder. Dr. Capps doubted the universal application of the law of similia.

Dr. E. J. Clark's paper was a plea for homeopathic prescribing in Epilepsy and the recognizing of what is curable and what is curative.

Dr. Burr called attention to our medicinal plants. Astragalus. He placed it as a remedy slow in its action simulating disease as caused in man by the continued use of tobacco, alcohol or morphine. On man it produces a hydrocephaloid condition. Marasmus, delirium, lack of muscular co-ordination being present. Ligusticum, the osha root is sold as a cough and catarrh

remedy. It is "useful in hoarseness, sore throat and diseases arising from colds."

Euphorbia, Snow on the Mountains. Honey made from this plant is hot and disagreeable to the taste, producing vomiting and purging. The milky juice when applied to the skin producing an itching inflammation, accompanied by pimples and blisters. Children should be cautioned against handling the plant.

Sierre Salva, Mountain Sage, has decided effect upon the circulation. We trust to be able to give the paper in full before long and that the Doctor's suggestion to prove these plants fully will be carried out.

Notes.

Lead poisoning is one of the most dangerous afflictions known to the human race, and numbers of paralytics are now in our hospitals whose infirmities are due to lead. Yet we notice that some of our smelter authorities consider the lead in the smelter smoke and vapor as wholesome, and not injurious.

The longer I live and the more I practice the less inclined I am to arrange drugs in groups.—*Allen, T. F.*

In China the paroxysm of coughing frequently comes on at 3 A. M. and is aggravated by talking, laughing, eating, drinking and by a deep inspiration. Feels better when stomach is empty.

Opium and graphites have a constipated stool very similar in appearance. The former has little black bullets, the latter has little black balls, but covered with a tenacious mucus and the stool connected together by mucus giving a resemblance to a "rosary."

Apocynum has unquenchable thirst, arsenic wants little and often; and apis wants none at all. Apoc, bloats on the side on which he lies; apis bloats under the eyes; arsenic bloats in the extremities, frequently the lower.

Nausea and vomiting of food eaten twenty-four to forty-eight hours previously was cured by Bis. Sub. nit.

Gynecology and Abdominal Surgery

Edited by S. S. SMYTHE, M. D.

The Conservation of the Ovary.

All surgery should be conducted upon conservative lines. It should be the rule to mutilate as little as possible and to preserve as much as possible of every organ or part upon which we may be called to operate; but nowhere is conservatism so important and imperative as in the surgery of the ovaries.

Not more than a decade has elapsed since we were taught that the principal function of the ovary was ovulation, with an accessory relation to the function of menstruation. Coincidently it was taught that for the relief of certain local conditions, the complete removal of the ovaries could be practiced without injury or prejudice to the general condition of the patient, and hundreds of thousands of women submitted to the operation of oophorectomy for some one or more of the following reasons: To induce a premature and artificial menopause simply; to arrest the growth of uterine fibroids by arresting the menstrual function; to cure dysmenorrhea; to prevent future conception; to relieve and cure the various neuroses, such as epilepsy, hysteria, hystero-epilepsy, insanity and meloncholia. For the supposed relief of these and many more obscure conditions, the operation became a "fad," and healthy ovaries were everywhere sacrificed upon the slightest pretext. What is the result? After a long series of hazardous operations, we have learned that the hypotheses on which the practice was based are not true. The hazard to life has not been great, but the physical and nervous wrecks which followed in the wake of this surgical crusade against the ovary, is a disgrace to surgical acumen and honesty of purpose. We have learned much, but at what a fearful sacrifice. The conscientious gynecologist no longer removes healthy ovaries to arrest the growth of uterine myomata, to cure

hysteria, hystero-epilepsy; melancholia, insanity or dysmenorrhea. We have learned that the complete removal of the ovary does more than to merely arrest the menstrual function. Admitting that ovulation is the principal observed function of the ovary, its frequent removal has demonstrated that it plays a most important part in all the bodily forces and functions of the life of the woman. Just what these influences are has not yet been determined, but that they are important and far-reaching, cannot be questioned. That the ovary supplies a something which is essential to the nutrition and metabolism of the general system, cannot be doubted. Whoever has studied the effect of castration upon the female must have observed the remarkable effect upon the nervous system. Something essential to the well-being of the woman has been taken away and she is miserable without it. The nervous manifestations after castration, are much more intense and prolonged than those of the normal climacteric.

I have had occasion to treat many women who have had their ovaries removed, and have yet to meet with a case that did not suffer almost constantly in some way directly traceable to the operation.

Experiments serve to show that the ovary elaborates and throws into the circulation some kind of vital secretion which has a marked influence upon the general organism and especially upon the nervous system.

A very interesting experiment was recently reported by Dr. Glass (*Med. News*, April, 1899), in which, after a bilateral oophorectomy, the patient suffered for several years from symptoms of the induced menopause with complete loss of sexual desire. A healthy ovary taken from another patient, whose condition prevented her from having children, was transplanted as nearly as possible in the normal position. Six days thereafter the sexual desire returned and has continued. Sixteen days following the transplantation, menstruation returned, and has continued since, a period of eight months. Her mental, nervous and nutritive symptoms rapidly disappeared, and she remained in her usual health. This experiment is a most valuable one, as showing the influence which the ovary exerts over the female system. The transplanted

ovary undoubtedly supplied some element which was essential to the functional life of this woman.

Out of the knowledge thus far gained of the hitherto unknown function of the ovaries, has sprung up the practice of giving patients ovarian extract with a view to supplying the system with the lacking normal ovarian secretion. Reports concerning this practice are variable and unsatisfactory. It is analogous to thyroid feeding in myxedema, and further use of the ovarian extract may prove equally satisfactory. I have tried it in but two cases, one a woman of 48, who is suffering from menorrhagia, flushings and great nervousness; the other, a woman thirty-two years old, married and the mother of two children, who had both ovaries removed two years ago, and who has since suffered intensely from flushings and sweating. Neither of these patients have been benefited in the least by a persistent use of the ovarian extract.

The lesson for the conscientious gynecologist to learn is this: In all operations involving the ovaries, the attempt should be made to preserve at least a portion of one or both of these organs. Experience shows that the saving and retention of one ovary and one tube, although they be not upon the same side, will preserve the ovarian influence and avoid the dire effects of a premature menopause.

S.

THE TREATMENT OF OBESITY.—By Dr. Wm. T. Cathell.
(*Maryland Med. Jour.*)

The author warns against various popular methods of reducing flesh, and recommends the drinking of a large glass of Kissingen water, which is to be found in all pharmacies, twenty or thirty minutes after each of the three daily meals one day, and a similar glass of Vichy water after each of the three meals on the next day. This is to be persisted in until the patient reaches medium weight and stoutness. In case that the reduction progresses too slowly, squeeze a few teaspoonfuls of lemon-juice into each glass of Kissingen to increase its acidity, and also add one teaspoonful of the aromatic spirit of ammonia to increase its alkalinity.

Eye, Ear, Nose and Throat.

Edited by DAVID A. STRICKLER, M.D.

Differential Diagnosis in Ear Disease.*

There are a few principles involved in differential diagnosis in ear diseases that are so easy to comprehend and to apply, that every general physician should be familiar with them. They are fundamental with the aurist, and may not be new to the general physicians attending this session, but like other fundamental facts, will bear repetition, and perchance may appeal to some of you with renewed force.

In the physiology of hearing, the external and middle ears are concerned in the conduction of aerial vibrations, while the internal ear, including the auditory nerve, is concerned in the perception of these vibrations.

In defective hearing the first question to determine is, is the defect or interference in conduction or in perception?

If in conduction, it must be in the external or middle ear or both; if in perception it must be in the internal ear, the nerve or the brain.

Sound vibrations may be conducted to the internal ear, either through the air via the external auditory canal to the drumhead setting it into corresponding vibrations, which are in turn conducted to the oval window through the chain of ossicles, or the vibrations may reach the internal ear through the solid tissues of the skull. To the former, the term "aerial conduction" is applied; to the latter, "bone conduction."

The tuning fork tests, of which there are many modifications, are all based on the relative conduction by air and by bone.

In the normal ear, air conduction is the better; the vibrating tuning fork is heard louder and longer when held before the ear than when the handle is placed on the mastoid, the skull or the teeth.

* Read before The Colorado State Medical Society, Sept. 28, 1899.

In deafness due to disease of the external or middle ear, not only is air conduction diminished, but bone conduction is actually increased. That this is a fact can be readily ascertained by closing the auditory canal with the finger, while a vibrating fork is held on the mastoid. It will be noted that the vibrations are heard both longer and louder with a closed than with an open canal. What is here produced experimentally, is found in every case of deafness from external or middle ear disease, bone conduction is relatively louder and longer than in the normal ear.

The methods of testing differ somewhat with different observers. For delicate and exact tests, tuning forks varying in tone are employed. For ordinary differential diagnosis, and for the purpose of this paper, one Blake fork of 512 V. S. is sufficient.

Of the many tests advanced, I will mention but three, Roosa's, Rinne's and Weber's, any of which can be easily made and all of which may be used in a given case to verify the diagnosis.

Roosa's test is made by striking the fork on the knee, quickly holding the ends of the vibrating tines about half an inch from ear, when the patient is asked to note how clearly heard. It is then again struck on the knee, quickly transferred with its handle pressed firmly against the center of the mastoid process. The patient then notes which is heard more distinctly and which the longer. The results are recorded as "A. C. +" (air conduction better) or "B. C. + (bone conduction better.)

Rinne's test is made by placing the handle of a vibrating fork firmly on the mastoid, asking the patient to designate the moment when he ceases to hear it, then quickly placing the tines near the ear. If he again hears in the second position, the case is recorded as "Rinne +" (positive). If he fails to hear it before the ear, it is recorded "Rinne"—(negative).

Weber's test is made by placing the vibrating fork on the median line of the skull, or on the forehead just above the nose, or against the teeth, or on the median line of the lower jaw. If the defect in hearing be due to middle or external ear disease, the fork will be best heard in the affected ear; if in the internal ear, the fork

will be best heard by the normal ear. Weber's test is the most accurate in cases where the deafness is slight.

In practice, Roosa's and Rinne's tests can easily be used in conjunction, simply by making Roosa's as described, and allowing the fork to remain on the mastoid until it ceases to be heard, when it is transferred to the ear as in the Rinne's test.

It being true that in the normal ear, air conduction is better, it must be true that so long as there is no interference in the conducting apparatus, air conduction will be the better, and vice versa, that when bone conduction is better, the predominant interference is in the conducting apparatus, viz: the external or middle ear.

From the foregoing, we formulate the following rule:

With defective hearing, A. C. +; Internal ear trouble predominant; B. C. +; External or middle ear trouble predominant.

In conjunction with these tests, note whether the patient hears better in a noise or in a quiet place. The patient with middle ear disease always hears better in a railway train, street car or where there is a good deal of noise, while the patient suffering from internal ear disease experiences greater difficulty under these conditions, and hears best where it is perfectly quiet. Adding this to the tuning-fork test, we have, with defective hearing,

1. *Air conduction better.*
2. *Hearing worse in a noise.*
3. Predominant interference in internal ear.

1. *Bone conduction better.*
2. *Hearing better in a noise.*
3. Predominant interference in external or middle ear.

These tests serve to show only the point of predominant interference and do not preclude mixed conditions—conditions involving both the middle and internal ears.

We may have a case of A. C. +, with hearing worse in a noise which would show predominant interference in the internal ear, but which, upon inflation of the middle ear, changes to B. C. +,

with hearing better in a noise. In such a case, the first condition was due to the fluids of the internal ear being compressed by the base of the stirrup which was pushed into the oval window. Inflation removes the pressure of the stirrup and the predominant interference is found then to be in the middle ear. Inspection of the auditory canal and drum head shows at once the presence or absence of any obstruction and consequently to differentiate between interference in conduction in the external and the middle ears.

These tests are so easily understood and so quickly made, that they should be utilized by the general practitioner.

D. A. S.

Since My Daughter Learned to Cook.

DIETETICS.

We used to have old-fashioned things, like hominy and greens,
We used to have just common soup, made out of pork and beans;
But now it's bouillon, consomme, and things made from a book,
And Pot au Feu and Julienne, since my daughter's learned to
cook.

We used to have a piece of beef—just ordinary meat,
And pickled pig's-feet, spare ribs too, and other things to eat;
While now it's fillet with ragout, and leg of mutton braised,
And macaroni au gratin, and sheep's head Hollandaised;
Escollaps a la Versailles—a la this and a la that—
And sweetbread a la Dieppoise, it's enough to kill a cat!
But while I suffer deeply, I invariably look
As if I were delighted, 'cause my daughter's learned to cook.

We have a lot of salad things, with dressing Mayonnaise;
In place of oysters, Blue Points, fricasseed a dozen ways,
And orange Roley Poley, float, and peach meringue, alas—
Enough to wreck a stomach that is made of plated brass!
The good old things have passed away in silent, sad retreat;
We've lots of highfalutin' things, but nothing much to eat.
And while I never say a word, and always pleasant look,
I have had sore dispepsy since my daughter's learned to cook.

—Southwestern Medical Record.

SURGICAL DEPARTMENT.

Edited by J. WYLIE ANDERSON, M. D.

Progress in Aseptic Surgery.

Silence around the operating table is the latest demand, arising from experiments by Hubner (*Zeitschrift fur Hyg. und Infek.*) to ascertain the part played by the mouths of those around the operating table in producing wound contamination. On an operating table he disposed crosswise four Petri dishes. Then, having rinsed his mouth with a culture of bacillus prodigiosus, he stationed himself about twenty inches from the nearest plate, and for ten minutes spoke, sometimes in an ordinary voice, sometimes in a low, and sometimes in a high one. In every case, and especially when he had spoken in a high voice, cultures of the bacillus developed in the Petri plates, but speaking through a mask containing a layer of absorbent cotton, left the plates sterile.

A Suggestion for Anesthetists.

Everybody who has had experience in the administration of chloroform or ether to young subjects has had trouble in getting them started without a scene, which in private practice is very trying to all concerned. I have been in the habit for the past two years of having a little eau de cologne or other perfume dropped on the inhaler to begin with; then after a few minutes chloroform is added. This procedure has the effect of lessening the child's initial terrors, and saves wear and tear both to the operator and to the anxious parents.—*G. S. Ryerson, M. D.*

Celluloid Sutures and Ligatures.

Pagenstecher (*Deut. Med. Woch.*) takes a good thread, boils for half an hour in a 1 per cent. solution of soda, washes in boiling

water, and dries between sterile compresses. It is then soaked in a solution of celluloid, and passed again through the same solution. Afterward it is sterilized by steam under pressure, and preserved for use either dry or in an alcoholic solution of bichloride of mercury. The threads have a smooth surface, never tangle, cannot absorb secretions, and are easily tied. Pagenstecher uses these celluloid threads to the exclusion of silk, and the use of catgut for ligatures has been greatly reduced. The results have been good and the saving considerable.

CONGENITAL DISLOCATION OF THE HIP.—By Dr. B. E. McKenzie (*Canada Lancet*).

Briefly to epitomize the present status of surgical knowledge and practice upon this important subject :

1. The dislocation exists at the time of birth.
2. The proportion of cases to the whole number of children born is very small.
3. It usually passes unrecognized till the time when the child is learning to walk.
4. The anatomico-pathological conditions are quite different from those present in ordinary dislocations.
5. The insecure relation of the femur to the pelvis causes very marked disability and limp.
6. In children under six or seven years of age, bloodless and successful reduction can be effected, producing ideal results.
7. In the case of older children, and if the more conservative method fail in younger children, reduction and cure can be effected by incision.

THE PREVENTION OF DEFORMITY AFTER EXCISION OF THE KNEE IN CHILDREN.—By Dr. W. R. Townsend (*N. Y. Med. Jour.*).

The author offers the following conclusions :

1. Excision of the knee should rarely be performed before puberty.
2. Erosion, arthrectomy, or partial operations are to be preferred.
3. Shortening will usually follow, and depends on the amount of bone removed and the age when the operation was done.

4. Protection should be given the knee for a long time after operation to prevent flexion, knock-knee, genu recurvatum, bow-leg, and other deformities.
 5. Always put the leg straight.
 6. In severe septic cases amputation is preferable to excision.
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THE ETIOLOGY OF CANCER, WITH A NOTE OF SOME EXPERIMENTS.

—By Dr. G. T. Beatson (*Brit. Med. Jour.*).

Taken collectively, the result of these experiments is negative, and the author finds in them nothing to support his view as to the presence or influence of germinal epithelium being in any way the exciting cause of carcinoma. A weak point in his experiments is the fact that the cells of human carcinoma were employed for inoculation into rabbits, which may not be a suitable nidus for them. It may be possible in future experiments to obviate this source of fallacy.

Illustrating an interesting bit of surgical work, the *Lancet* recently reported that Dr. Abbott-Anderson treated a cook who, while sharpening a knife, had cut off the tip of his nose. The patient came to the office without the fragment and a boy was sent to look for it. He returned with the piece which was "a thin strip an inch long and half an inch broad at its lower end." This piece was thoroughly washed in warm boric acid solution and stitched into place with fine black silk. It had been severed about half an hour. For four hours after the suturing the nose was kept covered with compresses wrung out in hot boric acid solution, and was then put up with a thick dressing

Dr. Levan recommends paraffin oil as the best agent for preserving catheters, sounds, etc., of gum, whether sterilized or not. For sterilization he recommends alcohol, his plan being sufficiently simple—he simply wets a wad of cotton with alcohol, and with this rubs the catheter, or sound, briskly for a few moments, and then thrusts the article into paraffin oil. Another advantage offered by the paraffin is that the sound, when removed therefrom needs no lubrication, but is ready for instantaneous use.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
J. WYLIE ANDERSON, M. D., Business Manager.

All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 403 California Building, Denver, Colorado.

All business communications should be addressed to Dr. J. Wylie Anderson, 16 Steele Block, Denver, Colorado.

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EDITORIAL.

PSEUDO-SCIENTIFIC EXPERIMENT.—The usual methods followed by our old school friends (and some homeopaths) in making clinical tests of new remedies, are absolutely disgusting to the honest investigator. This is especially true concerning the use of serums and antitoxines. It is rare indeed to read of a really honest test in any reported case. In one of the leading old school journals of recent date, we are seriously informed that "a new therapeutic resource has been received from Europe," in that Professor Schultze, of Bonn, had obtained a favorable result in a case of tetanus by first tapping the cerebro-spinal sac by Quincke's method of lumbar puncture and replacing the fluid withdrawn, by antitoxin injected within the sac. Now this sounds well, and is calculated to arrest professional attention, were we not further told that the patient was only slightly ill, and that at the time this experiment was made by the Professor, the subject was not only well under the influence of morphine and chloral, but had already received several subcutaneous injections of the anti-toxine.

What does Professor Schultze mean by publishing such a report? Is it not puerile, to say the least, and an insult to the discernment of an intelligent profession? However, it cannot be denied that it is a fair sample of the ordinary application of the so-called serum therapy. The same is true of diphtheria antitoxin. The writer has never witnessed a fair, unprejudicial trial made with this serum in a single case. Preceding, or in conjunction with the use of the antitoxin, various powerful remedies

and all sorts of adjuvants have invariably been employed. Granting that the antitoxines are valuable remedial agents, their experimental use in disease should be made under the most rigid conditions, ruling out every element of doubt as to their curative powers and relative clinical values. No attempt should be made to support a theory or advance a fad. What the great mass of the profession wants is certainty in results, regardless of any man's theory. It is time the profession should put the seal of its condemnation upon all experiments not made under conditions of absolute fairness regarding the tests made and the deductions derived therefrom.

ANOTHER FRAUD.—D. A. Hodghead, A. M., M. D., Professor of Obstetrics and Diseases of Children, in the San Francisco College of Physicians and Surgeons, has made the startling discovery that Belladonna is a very valuable remedy in the bronchopneumonias of children, and rushes into print to tell his colleagues about it. He makes the claim that while the usual allopathic treatment in this disease shows a mortality of from sixty to eighty per cent, this excessively high rate was reduced under the administration of Belladonna to ten per cent. A wonderful showing truly, and he takes occasion to impress upon the profession the importance of his discovery. That it is a discovery he makes clear to himself by the statement that "all the standard works on medical literature were examined, and no reference found to the employment of Belladonna in this disease of children." Here is where the fraud appears. Presuming that his school is as ignorant of medical literature as himself, he boldly asserts that there is nothing in it to show the use of this old remedy in broncho-pneumonia. Now what does this man—this professor—know about medical literature? By the above statement he at once writes himself down an ignoramus and a charlatan. Does he not know that in a hundred medical libraries in his own city may be found detailed information of the use of Belladonna in this disease; information so plain and specific in its nature as to clearly indicate not only

general but distinctively peculiar conditions wherein Belladonna would be found useful?

This is a species of fraud which is constantly being practiced by certain members of the old school upon their fellows. This Belladonna episode is not exceptional. It has been done before concerning other homeopathic remedies, but the men who do it are either basely ignorant of medical literature or else they deliberately practice a fraud upon the profession and the public.

WHILE it may be justly claimed that the Homeopathic State Society of Colorado is in a flourishing condition, as such organizations go, the attendance this year was very meagre and certainly very disappointing to the officers who had done so much to make the meeting a representative one. President Tucker and Secretary Tennant labored long and faithfully to create interest among the Colorado profession for the State body. That they failed is to be regretted, but the fault was not in any sense theirs. President Tucker's enthusiasm was admirably shown throughout the entire year, and no doubt she feels that her efforts were lacking in appreciation and in results, but we are inclined to believe that she wrought better than she knew and that in due time both appreciation and results will be manifest to all. Not much can be accomplished in a single year, but Dr. Tucker has set an example for her successors, which, if duly heeded, will soon make the State Society a respectable and commanding body of physicians.

THE election of officers in the State Society this year was peculiar, to say the least. Some say "a slate" was sprung upon the meeting at the last minute, after the manner of our old-time Colorado Populist politicians, which also suggested the originators of the scheme. The fact that every officer elected, from president to treasurer, is a Denver man is significant of nothing but evil influences and bodes no good to the Society. Such a proceeding is contrary to all precedent, and an insult to some of the most influential and devoted members of the organization. Perhaps it was well that it came about at this time when an un-

usually small attendance made the scheme possible, and we want to assure the profession that the course pursued does not meet the approval of the majority of Denver physicians. We hope our colleagues throughout the State will view the affair in its true light, and that they will make it a point to come in force to the next meeting, when they will find a Denver contingent ready at all times to aid them in securing fair representation to all concerned.

An amusing feature of "the slate" was the fact that two of the men voted for had no knowledge of their candidacy, but were elected *nolens volens*.

It may be said, finally, that there is not the slightest objection to any of the officers elect, as individuals. All are excellent men, and will give good service of course. It is the man behind the scheme that makes the whole thing disgusting.

DOUTLESS many of our readers have given some thought to the Paris Exposition in 1900, and with the thought came a desire to go. To go on such journey alone, or with a small party of friends, into a foreign country, is a rather formidable undertaking for most of us. Experienced travelers all agree that to join some well conducted excursion is the most desirable and satisfactory. Elsewhere we give an outline of an excursion to be conducted by Dr. and Mrs. Frank Kraft of Cleveland, Ohio, to which we call special attention. Everybody knows Kraft as an experienced traveler, a fine linguist and an all round good fellow. If you have any idea of going to Europe next year, go with Kraft. If you can't go yourself, send your wife or your daughter under the chaperonage of Mrs. Kraft, with the assurance that they will receive every possible care and attention.

Denver Homeopathic Club.

Reported by Edwin Jay Clark, M. D., Seretary.

The September meeting was held at the Brown on Monday evening the 18th, with twelve members and seven visitors present.

Drs. Frona Abbott, Margaret H. Beeler, and C. E. Thompson were elected members.

The following resolutions were adopted and publication in THE CRITIQUE requested:

WHEREAS, After a long and painful illness Mrs. Bella S. Irvine, wife of our associate and fellow member, Dr. Joseph C. Irvine, has been called from her family and associates to her eternal home: therefore be it,

Resolved, that the Denver Homeopathic Club extends to Dr. Irvine and his family their heartfelt and sincere sympathy in the great loss they have sustained by the death of this faithful wife and mother. Realizing how little comfort and consolation can be derived from formal resolutions, though carrying with them the deepest feelings of those who have adopted them, we would commend the bereaved ones to our Heavenly Father, who alone can give comfort in the hour of trial.

Resolved, That a copy of these resolutions shall be forwarded to Dr. Irvine, entered in our minutes and furnished THE CRITIQUE for publication.

Dr. Ingersoll read a paper on the Movement Cure, and Dr. Burr, one on Dietics. Both papers were warmly discussed by the members present.

A new and thus far satisfactory method of treating hydrocele has been devised by Winkelmann. The fluid is released through an incision three or four centimeters in length, nearer the upper pole, after Schleich local anaesthesia. The testis is then drawn outward as far as possible until stripped of the serous tunica vaginalis covering, which is thus turned wrong side out. A stitch or two is taken to prevent the testis from slipping back into its sac, and the testis and the tunica are replaced, and the skin sutured. Adherences soon form, and this harmless operation proves as effective as the more radical ones. The testis is a trifle higher than normal, and a slight edematous swelling may form for a short time, but there are no other inconveniences, and the patient can be dismissed at once, as there is no danger of hemorrhage.—*American Journal of Surgery and Gynecology*.

“Telepathy.”

A curious example, in a young female, of ultra-sensuous perception, has just been reported by Grasset, of Montpelier. Dr. Ferraul, of Melbourne, had told Grasset of this girl. Grasset, to test her, wrote some French, with a few Greek and other words, on a card, wrapt it in tinfoil, inclosed this in an envelope, which he sealed with wax. Ferraul went to the girl's house to bring her, but she at once said: “I can read it now” (300 yards away), and immediately dictated to Ferraul the writing on the card. Grasset was informed of the test and reported it to the local society. Who can explain it?—*Exc.*

Who can explain indubitable facts of somnambulism, which are essentially the same as this—perception without the senses, and beyond their faculties? Not the microscope.—*Modern Medical Science.*

The Longevity of Clergymen.

It has long been known that ministers are much better “risks” than the members of any other profession. According to *The Quiver* (London), the returns of the registrar-general in England show that no other class of workers enjoy so long a lease of life. Commenting on this *The Christian Advocate* (July 20) says :

“This is, no doubt, due to two or three prominent causes, among which may be put their almost total immunity from risks of accident and death that attend certain trades and professions; their general habits of temperance, moderation and regularity as compared with most workers; and their daily exercise, study, etc., which give a combination of mental and physical recreation, of outdoor and indoor life, such as few other workers get, and which must prove beneficial to health. The diagrams here shown form a striking illustration of the percentage of different classes of workers, including ministers, who attain to the ‘three-score years and ten’ of the psalmist. Out of every hundred in each class, forty-two ministers, forty farmers, thirty-four teachers, and twenty-four doctors live to the age of seventy.”

Notes and Personals.

Dr. and Mrs. C. E. Tennant and daughter have returned home from a month's visit to Michigan.

Dr. W. F. Bogart, of Clebourn, Texas, made the CRITIQUE a pleasant call and remarked that times were good in Texas, and that there were fine openings at Temple, Texas, which has 12,000 inhabitants and not a Homeopathic physician. Also Terrill 6,000 and Tyler 8,000 inhabitants and no Homeopathic physician. Dr. Bogart went to Texas two years ago and now has all the business he can attend to.

The CRITIQUE had the pleasure of a call from the very gentlemanly representative of Maltine, Dr. Irvine L. Harlow. We have had such pleasing results with maltine plain as a nutrient, that we cannot help mentioning the fact in this connection. Also remember Maltine and Cascara in the constipation of pregnancy; results will please you.

Dr. Warren D. Howe, of Canon City, has just returned home from Chicago, where he went on business in connection with the furnishing of his new, private hospital, a worthy enterprise that is to be commended. Congratulations with best wishes for success. Read his card in this issue.

Dr. Jessie B. Connett, of Los Angeles, California, is visiting her old home and college associates, and states that she has a growing business, and likes California very much. She informed the CRITIQUE that she went to San Francisco and took Post Graduate work in Physical Diagnosis, and Mental and Nervous Diseases.

J. K. Stone, M. D., of Texas, dropped in and made the CRITIQUE a very pleasant call. The doctor is representing The Chas. H. Phillips Chemical Co. Phillips' Wheat Phosphates, one of their preparations, is the finest thing on the market in cases of typhoid fever, and during convalescence of that disease. We have tried it and know its virtues.

The CRITIQUE regrets to learn of the death of Mr. C. N. Whitman, of 840 Pearl Street, Denver. Homeopathy had no stronger friend than the deceased. In our struggle to establish a hospital his pocketbook was opened more than once in a substantial way. To Mrs. Whitman we wish to extend our sympathy in her great loss, and pardon us in this connection if we state that Mrs. Whitman's charity was such toward homeopathy that the finest room in the Homeopathic Hospital was furnished by her and donated

free to the Association, and this is only one act of many shown this institution.

Dr. Geo. W. Compton and wife, of Ophir, Colorado, spent a few days attending the carnival. The doctor and his wife are looking well and informed us that business was very good.

Drs. S. S. Smythe and J. Wylie Anderson take this opportunity to publicly thank and acknowledge to all of their friends and patrons who have, from time to time, through their solicitation, donated money or other useful articles for the furnishing of rooms, furnishings of the operating room, and many and various other needful things, to the Homeopathic Hospital.

Dr. Laird and wife of Utica, N. Y., are spending the winter in Denver, for the benefit of the doctor's health. The CRITIQUE wishes the doctor a speedy return to health.

Mr. Robert Willets Carle, secretary of the firm John Carle & Sons, Wholesale Druggists, of New York, called upon the CRITIQUE in the interest of Imperial Granum. This food is one of the best upon the market. We have known and used Imperial Granum for years with gratifying results.

Dr. Frederick A. Faust, of Poughkeepsie, N. Y., is trying the benefit to be derived from Colorado air. The doctor is located at 1660 Vine Street, Denver.

The CRITIQUE wishes to congratulate the Detroit Homeopathic College on opening with thirty-five matriculants. A good showing for this new institution.

Dr. and Mrs. J. Wylie Anderson spent several days last week at Indian Creek Park. The doctor is one of a party that has lately purchased the Park for the purpose of establishing a private summer resort. This property is situated in Clear Creek County at the foot of Mount Evans, and is an ideal spot, with Mount Evans directly in front, Mount Rosalie to the South, Chief, Squaw and Papoose peaks to the North, all in plain view. The Company has contracted for a private road and a large trout pond. The road will shorten the entrance into the Park over two miles.

Our State Society.

The Thirteenth Annual Session, held at the Masonic Temple on Sept. 27 and 29, was one of the best ones in the history of the Colorado Homeopathic Medical Society. Of the officers, Dr. C. E.

Tennant was the only absentee, Dr. Edwin Jay Clark, being appointed Secretary pro tem. The usual reports were received from the Secretary, Treasurer and committees.

New members elected are Drs. S. E. Calvet, Frona Abbott, W. F. O'Connor, Julia D. Fitz Hugh, Margaret H. Beeler, C. M. Beebe and H. T. Dodge, of Denver; and C. W. Judkins, Aspen; H. K. Braisted, Delta; and O. C. Marion Wall, Leadville.

The President's annual address was upon Homeopathy in Colorado, Past, Present and Future. She followed the history through the State Society, the Denver Club, the Hospital, College and CRITIQUE down to the present day. She gave compulsory medication a vigorous rap, which the Society passed over without comment.

A By-Law was adopted providing for an Administrative Council of nine members to act for the Society in the interim between sessions.

Dr. Wall, of Leadville reported that the Deputy Internal Revenue Collector had tried to compel her to place revenue stamps on her prescriptions.

The election of officers resulted: C. W. Enos, Denver, President; W. A. Burr, Denver, First Vice-President; Alvira J. Cardwell Denver, Second Vice-President; Edwin Jay Clark, Denver; Secretary; Lillian I. Pollock, Denver, Treasurer. Censors, E. G. Freyermuth, E. H. King, N. G. Burnham, M. M. Hatfield and S. E. Calvet of Denver; O. L. Marion Wall, Leadville. Administrative Council, C. W. Enos, Edwin J. Clark, D. A. Strickler, N. G. Burnham, and B. A. Wheeler, Denver; W. C. Allen, Colorado Springs; Genevieve Tucker, Pueblo; A. J. Clark, Loveland; and W. Capps, Grand Junction.

A number of changes were made in the By-Laws, mainly in phraseology.

The committee on Visiting the College and Hospital after paying a nice tribute to the Hospital warned the College not to attempt to mix Homeopathy and allopathy in their teachings.

Dr. Burnham made an exhaustive report of the American Institute of Homeopathy. Among the statistics presented was an average death rate for Homeopathic public institutions of less than five percent.

Most of the papers on the program as given in the last CRITIQUE were present and read and discussed. In addition to these Dr. Pearl B. Wheeler presented a paper on the Influence of Thought on the Body. Dr. D. A. Strickler on the Oculist vs. the Optician and another on Differential Diagnosis in Ear Diseases.

Usual vote of thanks was extended to the retiring officers and the Secretary pro-tempore.

The society has an invitation to hold its next meeting at Delta.

Among those present were noticed Drs. Genevieve Tucker, Pueblo; C. B. Mosser, Fruita; H. R. Braisted, Delta; O. L. Marion Wall, Leadville; Mrs. Frances McCandliss, Atlanta, Ga.; Mary M. Arnett, Boulder; Anna M. Peterson, Manitou; F. D. Smythe, Cripple Creek; E. H. King, E. G. Freyermuth, M. M. Hatfield, Edwin Jay Clark, Emma F. A. Drake, S. E. Calvert, J. P. Willard, Geo. E. Brown, Julia D. Fitz Hugh, Ellen M. Oviatt, Alvira J. Cardwell, Lillian I. Pollock, Ella M. Fowle, S. S. Smythe, J. W. Harris, N. G. Burnham, J. H. Morrow, J. Wylie Anderson, J. C. Irvine, C. M. Beebe, O. S. Vinland, E. J. Reinhardt, Pearl B. Wheeler, H. K. Dunklee, David A. Strickler, Frona Abbott, Margaret H. Beeler, H. T. Dodge, L. S. Brown, W. C. Conden, W. F. O'Connor and C. W. Enos. The familiar faces of our old standbys Drs. A. J. Clark, Loveland; W. Carey Allen, Colorado Springs, and Warren D. Howe, Canon City, were missed; the doctors being kept at home by the press of professional work.

Of the Ex-Presidents resident in Denver all were present except Drs. J. M. Walker and C. N. Hart, of those resident in the state absent were Drs. Rewel Bartlett, W. C. Allen and A. J. Clark. All are members now excepting Drs. Hart and Bartlett.

Kraft's European Tour in 1900.

Dr. and Mrs. Frank Kraft will conduct a select club of ladies and gentlemen to London and Paris, reaching the latter city in time for the physicians of the party to be in attendance upon the International Homeopathic Congress, July 18th, 19th, 20th and 21st. The whole time of the trip will be fifty days, more or less.

The club will contain experienced European travelers, speaking French, German and English; and as its members, with their baggage, are taken care of, and all necessary travel expenses provided for in advance, the traveler will be free of all care and anxiety, and relieved of the confusion and trouble attending a lone tourist, or those never before in Europe.

In Paris, and in London, there will be free carriage rides to local points of interest, art galleries, churches, etc.; ample opportunity will be given for private visiting, sight-seeing, shopping, and so forth. (The completed itinerary—to be issued later—when the steamship companies have agreed upon their 1900 rates—will give in detail the other cities and localities to be visited.)

As this will be the great Exposition year, many people will visit Paris. It will be wise, therefore, to make application at once to this club for berths on ocean steamers and hotel accommodations in Europe. Every American traveler knows the annoyance and inconvenience of ordinary excursion trips as to hotels, restau-

rant, and carriages; and to reach either Paris or London next year, without definite contracts, will be a costly mistake.

This being a select club of ladies and gentlemen, many of them in professional walks in life, it will be a good company in which to send a son or daughter, a father or mother, or other member of the family, a convalescent or ex-patient (in charge of the family physician), to Europe for a holiday or health tour; while teachers and students will appreciate the opportunity to change the annual vacation into an educational tour.

From port of sailing, including first cabin on ocean ; railway, hotel and channel expenses, the round-trip ticket, it is now believed, will not exceed \$300 per person, which is less than \$10 a day for fifty days' bed and board and over 6,000 miles of ocean and several hundred miles of railway travel, besides seeing intelligently and without fatigue the two principal European cities and many other historical cities and localities.

Members are not obliged to return with the club as the return ticket will be dated to accomodate those who desire to remain longer.

Write at *once* to Dr. Frank Kraft, 57 Bell Avenue, Cleveland, Ohio, for later particulars, etc.

Homeopathic College Opening.

The opening lecture of the Sixth Annual Session of the Denver Homeopathic College was delivered at the College on Saturday night, Sept. 30, by Prof. George E. Brown. The Professor took for his subject the great achievements in medicine in the past century. He began by placing Hahnemann and Jenner as the shining lights at the beginning of this century and after a short look at Hahnemann's greatness, he developed the main part of his lecture into a defense of vaccination. He said "If the utility of vaccination has not been proven nothing has been proven in medicine." He spoke of the great advance made when the cause of Psora was discovered (?) in the itch insect. The next advance was the discovery of the Trichinae, then the parasitic cause of Favus each a step towards a correct idea in the causation of disease. He paid a high tribute to the discoverers of ether and chlorform anesthesia which with Lister's antisepsis had paved the way for the marvelous results of modern surgery. To Lister he gave the credit of banishing the septic horrors previous to his day. Listerism he considered was the prevailing doctrine there being only a few laggards left to scoff at it. "With the exception of the heart all our internal organs are now considered as luxuries," which he attributed to the introduction of anesthesia and

antisepsis. Surgery he limited to the removal of morbid products and thought that surgeons occupy a higher position than the physician. He next devoted his remarks to micro organisms, Pasteur and the *science* of bacteriology. A science that had gradually developed from the discovery (?) of the cause of Psora. Serum and similar therapy he considered to have a prominent place in the armamentarium of the physician and placed Serum Therapy as the culmination of the medical thought and research of the present century, the result of rational experimental science, and thought that we should leave out of our Homeopathy the crudeness and imperfections of the past. He wove the names of Hahnemann, Jenner, Morton, Simpson, Lister, Pasteur, Hunter, Hering and Dunham into a beautiful picture as the leaders of progressive medicine, where he hoped we might find a place in the rear of the column.

Then a few nice words about Homeopathy, which, had they and the opening paragraph been omitted, would have left the paper one adapted to any Allopathic College.

After the lecture Dr. Frona Abbott read an original poem suitable for the opening of a Medical College.

The Dean then announced a gift to the College from Drs. W. A. Burr and Genevieve Tucker of most of the specimens of native plants that were shown at the State Society meeting.

Refreshments concluded the exercises of the evening. C.

Things to Remember.

A little tot three years old calling with his mother upon a certain doctor, was much interested in a mounted elk head. His mamma told him that the doctor killed it. On going into another room where there is a skeleton, the little fellow turned, and looking up at the doctor asked in his innocent way, "Doctor, did you kill that too?"

TO THE DEAF—A rich lady, cured of her deafness and noises in the head by Dr. Nicholson's Artificial Ear Drums, gave \$10,000 to his Institute, so that deaf people unable to procure the Ear Drums may have them free. Address No. 859, The Nicholson Institute, 780, Eight Avenue, New York.

Why is a substitute used by the druggist when Fairchild's Essence of Pepsine is prescribed? Simply this and nothing more, they make more profit out of these poor goods. Hence always specify Fairchild's Pepsine on your prescriptions, and insist on the druggist using what you order.

Park, Davis & Co.'s Biological products are used successfully by physicians throughout the land. Consult their ad. if you wish to keep posted upon the latest products of the laboratory.

Milk prepared with Fairchild's Peptogenic Milk Powder by the regular directions, gives the infant stomach just the same work to do as does mothers' milk. The caseine of the milk under the action of the Peptogenic Powder, has undergone no greater modifications than are necessary to bring it to the soluble condition characteristic of the albuminoids of mothers' milk. Send for sample and pamphlet to Fairchild.

UNCONSCIOUS HUMORISTS—The unconscious humors of journalism are often more amusing than the best efforts of the "funny men." A rural paper not long ago contained this statement:

"Our friend, B. K. Jones of H. street, is seriously sick. He is being attended twice a day by Doctor Smith in consultation with Doctor White, therefore his recovery is in grave doubt."—*Youth's Companion*.

FEEDING IN ACUTE DISEASES—The regular routine milk diet for adult patients suffering with acute diseases seems to have become so well established with the medical profession, notwithstanding the repugnance of many patients to a continuance of this diet, that it is with hesitancy that physicians are induced to deviate from this by substituting something which has proven to be more palatable and palls less on the taste after prolonged use.

The idea seems to have become prevalent with many members of the laity that infant foods are intended only for infants. As it has been shown, however, by Dr. H. D. Chapin, in his recent paper read before the New York Academy of Medicine, that the addition of cereals to milk aids digestion by separating the curd, it would naturally follow that the administration of an infant food embodying cereals, which has also to be mixed with milk, would prove of considerable value to adult patients suffering from such acute diseases as typhoid fever, etc.

The following report by Dr. G. M. Randall, Chief Health Officer of Augusta, Me., is certainly strong evidence that this view of the matter is correct.

"When the hospital train from Chickamauga returned with the soldiers, six of them had typhoid and typho-malarial fever in varying degrees of severity. One of them, Jack Hamilton (who, when he went south, was the most perfect specimen of a man that I remember ever to have seen) when he came under my care (Aug. 26th, 1898) had a temperature of 105 degrees.

I tried to nourish him with egg and milk, (a food I use much

in typhoid fever) but he could not retain it. I tried two other prepared foods, one was refused because he did not like it, and one was vomited.

He had incontinence of faeces to the extent that rectal nourishment was not to be thought of. I thought I would keep trying, so next used some Eskay's Albumenized Food. It seemed to agree in every particular. I kept him on that alone from September 4th to October 7th.

His was the most severe case of typho-malaria which I saw at all. He was seen with me by his regimental surgeon and some of my colleagues in this city. I consider it a remarkable case. I do not think I should have succeeded had it not been for Eskay's Food.

I used this Food also in the other cases of army typhoid and typho-malaria, sixteen in all, and every one got well.

It is needless to say that I now use Eskay's Food in all my typhoid cases, and we have a great deal in this city."

FREE TRADE IN GERMS—Koch's lymph is now admitted into this country free of duty because it does not interfere with home consumption.—*The Doctor.*

Glycozone as an intra-uterine and vaginal douche acts almost specifically in septic conditions following parturition. Try it and you will discard such antiseptic agents as potassium permanaganate.

Amos J. Givens' Homeopathic Sanitarium for the cure and treatment of medical and nervous diseases, also opium and alcoholic habitues. It is an institution of national reputation, nothing of the fake or quack order about it. Beware of one week or ten day opium and alcohol cures, you see advertised by, I am sorry to say, Homeopathic physicians.

Canada physicians are considerably puzzled over the case of a Mrs. Day, who has given birth to twins, one being white and one black. You never can tell what a Day may bring forth.—*Denver Evening Post.*

The CRITIQUE wishes to call especial attention to the ad. of The Thompson Laboratory Co., of Washington, D. C., manufacturers of Immune Tablets. Read their advertisement on page 2.

Under Directory of Physicians we wish to call especial attention to new ads. of Drs. W. A. Howe, Canon City, Colo.; G. Fellows, Chicago, and Drs. Brown and Hinckley, dentists.

"You say that the defendant turned and whistled to the dog. What followed?" "Why," said the witness, innocently, "the dog." —*Youth's Companion.*

THE CRITIQUE.

VOL. VI.

DENVER, COLO., NOVEMBER 15, 1899.

No. 11

What I Saw in New York.

By Horace T. Dodge, M. D., Denver.

Once a traveling man said to me, "I can always point out a Homeopathic physician. They wear better clothing, have cleaner offices, and maintain an air of independence and prosperity which stamps them as a distinctive type, when compared with members of other schools." He was well qualified to judge, for he came in contact with thousands during the year in every part of our land, and beside she was an Allopathic physician. This impressed me at first, as being given somewhat after the manner of flattery, and although I have not forgotten it, had never had an opportunity to verify the statement, until lately.

As a matter of fact, the Homeopathic physicians are, as a rule, not only "cleaner" in their offices, but one can take up that thread of cleanliness and trace it through everything which pertains to the school. Our surgeons are more skillful, clean cut operators, and the buildings under their control preserve a decided higher degree of order than can be found elsewhere.

During a protracted sojourn in New York, I visited the various public institutions under the Allopathic rule, and was never so thoroughly convinced of the truth of the foregoing as now.

Bellevue is an immense place, having an average of about 2,000 patients daily, the year round, and perhaps there may be some excuse for the lack of neatness found throughout this institution, but to us, who are accustomed to find scrupulously polished floors, white linen, faultlessly attired and carefully groomed assistants and attendants, we immediately notice any infraction of the rule. They are cleanly, but their ideas and ours are two dif-

ferent views of what might be called clean. You have seen the sloppy housewife, with unkept hair, soiled apron and dirty hands, going about her work dawdling here and there with a filthy mop, or trying to cook when the first principles of tidiness and dispatch were wanting.

So it is with the management of nearly all public institutions under Allopathic supervision. The patients do not complain for they know nothing better, and being drawn from the lower walks of life, are unacquainted with the refined and more delicate methods of treatment. But in contradistinction to what we have seen let us visit Blackwells or Wards Islands, which are under the charge of our own school, and see with what painstaking care, everythimg is kept up. You find the same class of patients in each institution, but the management is very different. A great deal of credit is due Dr. Stewart for the admirable system he has inaugurated. The floors of the Metropolitan are like polished marble, "as clean as your dining table, you can eat off the floor," as he expressed it. The wood work and walls are as white as the best white paint can make them. There is in each wing a set of four apartments, one used for the anæsthetization of the patient, one for the performance of the operation, one for sterilization of instruments, etc., another is used as a dressing room, and here the surgeon and assistants prepare for their work. It is interesting to note the difference of opinion in regard to the various antiseptic preparations. Some use as many as six solutions, first washing with green soap and water scrubbing well with brush, then immersing in a solution of permanganate of potassium, afterwards in a salt solution, then bi-chloride of mercury, and lastly absolute alcohol. A few use chloride of lime instead of permanganate, and some are in favor of electrozone, a new proprietary preparation made in New York, and used quite extensively in a few institutions as an advanced discovery in antiseptics. It is sea water prepared by electrolysis, (but is really no better than Jarvelle Water) and is highly extolled, as are most all new articles by the proprietors. Helmuth washes his hands with soap, brush and water, after which he uses bi-chloride, or alcohol, and the same may be said of the methods of procedure

in all operations. The more skillful the operator, i. e. those of the highest skill and the largest experience, were the more simple in their "modus operandi." Nearly all had a different technique, and those who had performed special operations, any number of times, were of course partial to their own peculiar methods, and never failed to mention the advantages over all others of the same kind. One surgeon of local fame, had performed Vaginal Hysterectomy nearly two hundred times by the clamp method, and although nearly every one else preferred Laparo-Hysterectomy he maintained that his was not nearly so dangerous, having lost but three cases. He allows the clamps, six or eight in number, to remain on twenty-four to thirty-six hours. What is said of the preceding may be said of Apendectomy, ovariotomy and every operation of the major category. It was my good fortune to witness Professor Martin perform an Apendectomy at the Post Graduate of the College of Physicians and Surgeons. He has a great reputation for this operation, but whether it happened to be an off day with him, or possibly the patient did not have appendicitis, for it was difficult for him to find the appendix, and he made a bungling piece of work of it. There were forty or fifty of us present, nearly all physicians, and he frequently ejaculated, "be patient gentlemen, I'll find it;" and the sweat poured from him. Several cases were brought out for exhibition and said to have been successfully operated upon for the same complaint; but one is very much impressed with the thought, that nine out of ten were unnecessary, and are positively barbarous. There have been made great improvements in hospital furniture and appliances within the past few years, and wood is now not used at all, while enamelled iron and glass in a multiplicity of designs for tables, instrument cases, chairs, and antiseptic containers, can be seen in every "up-to-date" institution. Asepsis can thereby be carried out in the detail of the highest degree. Probably the most costly building in the country is St. Luke's. This has lately been constructed under the auspices of the Episcopal Church. Built of white stone and marble throughout, it is a magnificent edifice, with such donors as J. Pierpont Morgan, George Gould and the Vanderbilts, but while it is elegant in design, and

a monument to architectural skill, the conveniences and facilities, for the promotion of aseptic surgery are very poor indeed, and I was informed that it had already been pronounced a failure time and time again, by good operators, and it is conducted rather more on church lines than for hospital purposes. A recapitulation of incidents during an experience of nearly ten months, would indicate a decided advantage for Homoeopathy, and if one doubts that we have not only as "clean," but "cleaner" institutions for the treatment of the sick, not only as skillful operators, but better, or that we are not only as far advanced in the methods pertaining to medicine and surgery, but are the leaders and have been for some time, let any such investigate, and their impartial opinion will be the same.

Speaking of the practical management of bullet wounds of the abdominal viscera, Dr. H. Horace Grant, Professor of Surgery in the Hospital College of Medicine, Louisville, at the late meeting of the Southern Surgical and Gynecological Association, said that observation and experience on the part of most great operators have determined that penetrating wounds of the abdomen demand laparotomy at the earliest possible moment after diagnosis and thorough inspection of the entire region endangered. It is established that not only is the mortality in untreated wounds of the abdomen almost 100 per cent. where the intestines are perforated, and very high in wounds of the solid viscera, but it becomes less promising every advancing hour, until by the second day peritonitis sets in and destroys the hopefulness of the prospect. Within the past two years Dr. Grant has operated upon four cases. In each case the patient was seen early, in no instance later than four hours. In three, resection of the intestine was unnecessary. Three of the patients recovered; the fourth died from septic peritonitis due to the escape of a large quantity of fecal matter before operation. Autopsy disclosed a perfect intestine.—*Am. Jour. of Surg. and Gyn.*

GENERAL MEDICINE.

Edited by W. A. BURR, M. D.

The debate in regard to serum therapy continues to wax warm, the arguments both *pro* and *con* seeming to have some force. The October number of the *Medical Brief* (Eclectic) has these strong words, editorially, against the serum treatment:

Another Bubble Bursts.

A recent writer on serum therapy, descanting upon the acknowledged failure of anti-streptococcic serum to control the course of puerperal sepsis, says pathetically: "We must believe that, if there are anti-serums for one germ there must be for all," referring, of course, to the equivocal success of antitoxin.

A cause must be desperate, indeed, when its advocates reach a point where they frantically grasp at the tattered skirts of belief, and despairingly insist that it can yet be made whole through the illusions produced by the conjurer's skill.

Antitoxin contains carbolic acid in the right proportion to reduce fever and lessen congestion in the throat, if used early in the sthenic variety of diphtheria. This fact has given antitoxin a certain reputation and vogue with practitioners who accept results at their face value, without seeking to know the how and wherefore of a given action. But diphtheria is an acute, self-limited disease, the results of which declare themselves one way or another, promptly and finally. The patient gets well, or dies, in a brief time, the symptoms proceeding in regular order, whether or not any treatment at all is used, so, if antitoxin is injected and the sufferer recovers, the claim can be set up that it is an anti toxin cure.

But in diseases of debility all the conditions are different. Even in diphtheria, characterized by great prostration, antitoxin does no good, no matter when injected, for the system does not

put up that vigorous reaction, which needs but a little guidance and direction to throw off the disease. In the weak man or woman, whose system is overwhelmed and body saturated with poisons, disease can not be jugulated ; the patient must be intelligently stimulated, and his stock of vitality carefully husbanded and managed, to get him out of the woods.

Serum can not do these things, not even though an antiseptic be incorporated in them. Septic diseases require not only the use of vitalizing remedies ; they also require symptomatic treatment. As a consequence serums are and always will be rank failures in the treatment of chronic maladies and diseases of debility.

No amount of plausible reasoning can do away with facts. A great deal of money, time and energy will be wasted in the effort to exploit, commercially, these fake serums. A French firm is out \$30,000 invested in the manufacture of the antistreptococcic serum, which is now universally conceded to be useless. There is no possible way in which a demand can be created, and kept up, for a substance destitute of intrinsic value. Sooner or later it finds its level and is discredited and rejected.

Failure of Antitoxin in the Treatment of Diphtheria

Under the above caption Dr. J. Edward Herman, of Brooklyn, New York, shows the failure of the serum treatment in diphtheria. This is a reprint from the *Medical Record* (old school) May, 1899, which in pamphlet form he sends out to the profession. Among others he makes the following points:

During late years the death rate from infectious diseases, other than diphtheria, has been steadily growing less without serum treatment. In Germany, 1874-1894, the death rate from typhoid fever was 29 per cent.; in 1895-1898 it was only 10 per cent. a decline of 65 per cent. During the same period the death rate of diphtheria declined only 59 per cent. even with the antitoxin treatment.

From 1895 to 1896 the death rate from diphtheria declined

only 20 per cent. with the antitoxin treatment, while that of scarlet fever, another infectious disease, during the same years declined 30 per cent. *without* any serum treatment. This shows the lessened death rate to be due to other causes more than to any serum treatment.

The estimates have generally been made on the presence of the Klebs-Loeffler bacilli, all cases being called diphtheria where these bacilli were present though the general clinical symptoms were wanting. This plan would greatly change statistical results so as to favor the antitoxin treatment. In referring to this the author says: "This factor in increasing the number of cases reported and thus reducing the cases of fatality is admitted by Lotz and Tavel, and others, and it is a fatal admission; it cuts off the last leg of the antitoxin argument." "The diagnostic value of the Klebs-Loeffler bacillus has not been indisputably established. These bacilli are found in eight per cent. of normal throats."

Other testimony shows, says the author, that "antitoxin has no power to save life." Furthermore a larger proportion of mild cases are now sent to the hospital than formerly. And this would go to swell the apparent good result of the antitoxin treatment.

The most sweeping and radical statements, according to this author, are made by many leading physicians in various countries to the effect that antitoxin is of no real value in the treatment of diphtheria.

In concluding Dr. Herman, says:

"In 1895 Dr. Cordeiro concluded his report on diphtheria antitoxin to the surgeon-general of the navy with these words: "As yet we have not the slightest basis on which to found an expectation that fewer children will die in the future of this disease on account of the serum treatment;" and every year adds fresh testimony confirming the justness of this decision. The cases which are now lost when treated without antitoxin, the septic cases, the bad kidney cases, the paralytic cases, and the stenotic cases, are just the ones which it has been shown cannot be cured with antitoxin. And from all the bad effects, pointed out above, caused by the use of antitoxin, it follows that many lives have

been sacrificed which might have been saved with the usual time-honored remedies."

A contributor to the *Medical Brief* pays this compliment to Homeopathy: "Hahnemann, with his Homoeopathy, and later Scudder with his specific medication, have taught their followers to go direct from symptoms to remedies. Every symptom indicates a drug and every group of symptoms has somewhere its remedy. The truth to which the old school fogies are now awakening is that it is possible to cure a disease without stopping to name it, and that by studying the relations between symptoms and remedies, diseases can be cured without resorting to 'shot gun' methods."

A Philadelphia Doctor is endeavoring to get a law passed requiring all school children to be inoculated with diphtheria antitoxin before they are admitted to the public schools.—*Medical Brief*.

Too much care cannot be used in the preparation of food stuffs; they should be absolutely pure when possible. Just now the subject of pure milk is agitating the Denver public, and the dairies are being carefully inspected. The milk from two of the dairies has been found to contain typhoid fever germs, and some of the patrons using this milk are now prostrate with typhoid fever. The wells on the dairy farms have also been examined.

Typhoid has not prevailed to any great extent in Denver so far this year. The drinking water furnished in Denver is believed to be comparatively pure.

How to STOP COUGHING—The *Virginia Medical Monthly* correctly states that constant coughing is precisely like scratching a wound; so long as it is continued the wound will not heal. Let a person, when tempted to cough, draw a long breath, and hold it until it warms and soothes every air cell. The benefit will soon be apparent.

MATERIA MEDICA.

Edited by Edwin Jay Clark, M. D.

Dr. Leech, in the *Hahnemannian Monthly*, says, "The logic of *similia* can entertain in no position of trust, honor and example, him whose prescriptions are but equally 'homeopathic' in principal to those of his allopathic colleagues who practice either way; for it is this lack of appreciation of *similia*, more than any one thing, which jeopardizes the integrity and future of our cause and makes our law the butt of a deserved ridicule by those not at all responsible for, and equally ignorant of its blessings."

In a letter from Berlin, published in the *Medical Sentinel*, it is said that "Koch doubts the value of *quinine* in malarial fevers, and has said that so-called pernicious malaria is only a severe type of the disease, which has been made much worse because *quinine* has been employed.

In the *Medical Advance*, Dr. H. C. Allen calls attention to some cases of *Rhus radicans* poisoning showing characteristic differences from *Rhus tox*, though the general opinion is that they are varieties of the same species. Dr. Allen says, "However, from an experience, and more or less careful observation of a quarter of a century, I am forced to the conclusion that there is not only a marked difference in symptom pathognosy, but in a periodicity which stamps it as a remedy of the greatest antipsoric value. It is in deeply psoric or tubercular constitutions that its toxic effects are most felt and long lasting, in fact, these bad or constitutional effects seem almost ineradicable without the antipsoric." He reports a number of cases of poisoning showing periodic return of symptoms. One case showing a return of the poisoning symptoms at 12.45 A. M. of July 5, each year during the sixteen years, except 1898, when the previous use of *Tuberculum*, a dose once each month, prevented an attack and modified the 1899 attack.

Dr. Friend gives, in the *Medical Advance*, a case of *post partum hemorrhage* where patient complained of being dizzy and sick at her stomach; she thought she was going to vomit but did not. She complained of a pain, as if something was "biting" at her navel, then there was yawning. The flow was bright red. Ipecac showed better results than are usually secured with ergot.

"The system of the prevention or cure of diseases of the human race by *animal inoculation* is fallacious and has had its day," is the way the *Medical Debates* quotes Edgar M. Crookshank, professor of bacteriology and comparative pathology in King's College, London.

The *Medical World*, in speaking of *Antitoxin*, says, "Perhaps the most obvious of the drawbacks of the serum treatment is the formation of abscesses at the seat of the injection, but with a more perfected technique the danger of this is becoming lessened. Albuminuria is certainly due to the use of the serum, but this does not usually occur in an uncontrollable fever. The occasional lethal effects of the antitoxin that have been reported are attributed to the idiosyncrasy of the patient and not to any toxic property of the serum. Hematuria has been reported, but the connection between the injection of the serum and the occurrence of the complication is not very clear. The most common ill effect of the remedy is the occurrence of an exanthematous rash, which trouble may occur in about thirty per cent. of the cases in which antitoxin is used, and usually lasts about nine or ten days. Antitoxin hardly cures under the heading of an ideal cure as described by Hahnemann. Its harmfulness is too evident.

Acalypha indica cured a most obstinate case of haemoptysis for the late Dr. Holcomb where a "severe fit of dry cough was followed by spitting blood."

Aconite is never of value in typhoid fever. It requires the opposite condition. It shows ignorance to prescribe acon. for every case of fever. It is only indicated where there is a general

febrile state, without a pathological lesion. Its never failing characteristic is mental anguish. It is never indicated, no matter how high the temperature is, when patient is quiet and apathetic.

Arsenicum is characterized by extreme anxiety, fear and restlessness. It is seldom called for in the beginning of diseases. The tendency of its symptoms is towards dissolution. In typhoid it is seldom of value until after Rhus has been used. Given early, unless very positively indicated, it does harm.

That *Calcarea carb* is often given where sulphur should have been used is emphasized by Dr. Pierson in the *Hahnmannian Advocate*. "If you have been called to a case *after* the babe has been drugged either for colic, convulsions, constipation, diarrhoea or an eruption and you find *at the start* the indications pointed to calcarea the probabilities are strongly in favor of the hypothesis that you will find abundant data for beginning the case with sulphur, which will tend to the driving out or bringing to the surface of the effects of previous mistreatment, and thereby permit nature to show up her own imperfection before ignorance, tried to distort the already perverted image of health." In regard to repetition, he says, "When its action is well established there will be nothing gained by repetition of the dose." "The calcarea patient looks the perfect picture of health when in repose, but a tiny draught may stir up a tempest."

Dr. Tooker in the *Medical Era* speaking of *Merc cyande* says: "Under the pathogensis of this drug we find every symptom of pharyngeal diphtheria—the leathery patch on the tonsils; the pharynx and uvula covered with dirty gray exudate; the feeble pulse and great prostration, the pallid and sodden countenance, and, indeed, a perfect and complete picture of diphtheria. In one proving we find round ulcers, with grayish base and sharply defined edges, surrounded by a bright red border; white or grayish patches, resembling syphilis on the tonsils and palatine arches; extreme weakness; pale doughy face; icy-cold skin and thread-like pulse. (*Cyclopedia of Drug Pathogenesy*.) Equally striking is the recent fatal case of poisoning with cyanide

of mercury in New York City. In November last a prominent young club man by the name of Burnett was taken ill after swallowing some medicine which was supposed to be a sample of Koutnow-powder. (Carlsbad salts.) His illness resembled diphtheria. His physician called it diphtheria, treated him for diphtheria and made out a death certificate assigning diphtheria as the cause of death. Shortly after he was buried it was discovered that he did not die of this disease, but had been poisoned with cyanide of mercury, which had been surreptitiously mixed in the powder sent him through the mails." "I wished more particularly to call attention to the fact that in the cyanide of mercury we have a drug that is emphatically and strictly Homeopathic to the graver forms of pharyngeal diphtheria and which will, I feel sure, give better results than any yet seen from antitoxin or any other form of serum therapy." It is well to bear in mind that in the lower dilutions the drug is dangerous; that the best results are obtained with the 30th or higher potency. If you give low and the child dies, can you determine which killed, the remedy or the disease?

"They Have Eyes to See, But they See Not."

The above text serves the editor of the *Medical Visitor*, in the October, 1899, issue, to show the perverseness of human nature, and especially that of one "Dr. Strickler," who had the temerity to question an editorial appearing in the June issue of that magazine under the heading "*Then and Now.*"

The *Visitor* has the following to say as an excuse for its sermon: "Dr. Strickler has taken us to task in an article in the Denver CRITIQUE in July, and not satisfied with one insertion he reprints the paper in the September issue of that interesting magazine. For the first criticism we decided not to pay any attention, resting secure in the belief that time would vindicate the stand we had taken, and the fallacious position upon which Dr. Strickler rests, but the second prompts us to enter a protest."

Excuse me, Mr. Editor, but did you notice the footnote?

Fearing that, for the moment, you forgot your text and overlooked the footnote, I will now call your attention to it. It reads, "This paper, which appeared in the July, 1899, issue of THE CRITIQUE, is now republished in order to meet an unusual demand for extra copies."

To some this might suggest a demand for the criticism. For the edification of the *Visitor* allow me to say that "Dr. Strickler" had nothing to do with having the article reprinted except to give his consent when the editor of THE CRITIQUE asked the privilege of reprinting it, nor did he have anything to do with writing the footnote though informed that the demand was phenomenal.

I am sorry thus to be the innocent cause of so much "protest," and humbly beg Brother Editor's pardon for the disturbance.

As to the last editorial, I see no reason to take it up in detail. It's clearly a case of mistaken identity. He's thinking of Smith's dog, while I wrote of Smith's wife, and we don't agree. We have the same opinion of the dog and do not widely differ about Mrs. Smith, but some people are so perverse that when they find their first position untenable they assume new premises upon which there can be no two opinions and preach a sermon on the perverseness of the other fellow.

In my criticism I asked two questions :

First, Is it true that the "Therapeutic ideas of Hahnemann have been slowly molding the therapeutic use of drugs in the Allopathic school?" If so to what extent?

Second, Is it true that the old school have relatively better results to day than twenty years ago?

In asking these questions I am accused of building a man of straw in order that I may knock him down. I am also charged with a "probably" unintentional error in quoting "the number of years as twenty when we stated forty." (*Visitor*.)

As I was taking into question certain statements made by the *Visitor* it is but just that I should give its exact words, so that the reader may judge whether or not the original article was mis-

construed, and whether the questions might or might not be legitimately asked.

The first question came from the statement, "Those of us who have kept watch upon the progress of medicine are pleased to know that little by little, drop by drop, and step by step, *the therapeutic ideas of Hahnemann have been slowly moulding the therapeutic use of drugs in the Allopathic school.*" (Italics mine).

The second comes from the statement :

"It is this change of treatment which accounts for the *comparatively low death rate of the Allopathic physicians when placed side by side with his results of twenty years ago.*" (Italics mine).

The aim of the editor in the original article seemed to be to show that the improvement in the old school was due to its physicians adopting our medicines and methods, and also that they are coming nearer and nearer us in results. To these views I take decided exception. Hahnemann's influence in medicine has been undoubted, and no one is less likely to dispute this than I, but his influence on old school medicine has been in demonstrating the uselessness and harmfulness of the harsh and crude methods of his time and later,—not through the adoption of his remedies or methods of treatment.

Dr. Wm. E. Quine, in whose statement the *Visitor* is content to rest its case, clearly puts their true position when he says of Hahnemann, "Was he not a man of courage? He banished the lancet. He demonstrated that the sick could get well without any medicine at all. By withholding medicines and entertaining himself and his patients with high potencies he propagated, unwittingly it is true, the study of the natural history of disease. He gave an impetus to, if he did not originate, the systematic study of the physiological action of medicines." (See *Visitor*).

I have not seen it stated anywhere that Dr. Quine said the Allopaths are using more and more of our remedies, or that they are approaching us more and more nearly in results, or that he is accredited with any statements from which such conclusions can be drawn.

If physicians of the old school were using more and more

of our remedies, under the law of similia, they would undoubtedly be nearer us in results than they were twenty years ago. I use *twenty* years ago because they had then practically ceased the crude methods denounced by Hahnemann, to whom all honor for this reform is due.

I would like to believe the editor right in his first editorial, but since I cannot do so I am content to let the criticism already made stand on its merits. True, he informs us that "statistics can be made to prove almost anything," and then without, in any manner, attempting to show why mine are fallacious,—their origin and manner of collection having been fully stated,—he proceeds to prove his position by *statistics*, that, so far as his article is concerned, may have originated from his own imagination.

On the question of perverseness of human nature and in order to furnish him with a further text, I would like to ask the editor : "And why beholdest thou the mote that is in thy brother's eye, but considerest not the beam that is in thine own eye?" (Matt. vii. 3).

D. A. S.

"The Cosmopolitan" Magazine is the first to exploit the beauties and attractions that are to come at the Paris Exposition. It has secured a notable contribution for its November number from Vance Thompson, who is now in Paris, who has been over the ground especially for "The Cosmopolitan," and who is, undoubtedly, the most brilliant of the younger American writers. The article is copiously illustrated. There will be a second Paris Exposition article in "The Cosmopolitan" for December. This one is written by the Hon. Chas. A. Towne, the eloquent Minnesota Representative in Congress, and it, also, will have many fine pictures.

Gynecology and Abdominal Surgery

Edited by S. S. SMYTHE, M. D.

Prolapsus Uteri Cured by a New Method.

Dr. Inglis Parsons, of London, England, in a paper read before the British Medical Society, reported sixteen cases of procidentia and two of prolapse of the uterus successfully treated by the new method of injecting solutions of quinine into the broad ligaments.

He referred to nine cases already published and was able to state that in all but one good results had been maintained. He now reported eight other cases in which good results had been obtained and no return of the procidentia had occurred. He believed that this method applied to cases of prolapse in an early stage could prevent procidentia from ever occurring. The principle of the treatment consisted in taking advantage of nature's reparative powers. After dislocation of a joint an effusion of lymph occurred round it, which was the first step on the part of nature to repair the damage. When the womb fell the process was so gradual that there was no stimulus to the effusion of lymph; this stimulus could be supplied by injecting solutions of sulphate of quinine into the broad ligaments. He believed that the broad ligaments were the principal agents in holding up the uterus and his object was to strengthen and repair them. He preferred anaesthetics, although this was not a necessity. Then the vagina was carefully disinfected, the posterior wall held down with a Sim's speculum, and the anterior wall held up with a retractor. The injection was then made on each side of the cervix through the vaginal wall, the direction of the needle being perpendicular to the base of the broad ligament. The needle employed was about an inch in length and rather thicker than a hypodermic needle. A solution of one in five of sulphate of quinine in acidulated water was used and the amount required was from 30 to 40 minims. After the operation there was generally

no pain and no rise of temperature. In three or four days a definite mass of effusion could be felt in both fornices. A cup and stem rubber pessary should be placed in position after the injection and retained there until the effusion was well formed, when the uterus could no longer become displaced. It was best to keep the patient at rest for one or two months afterwards to give time for the consolidation of the new tissue. Dr. Parsons then gave details of the cases operated upon by him up to the present time.

A discussion followed in which the president of the section said that he felt it was due to Dr. Inglis Parsons to state that he had done him the honor of showing him some of the cases referred to in his paper, and it was strong testimony to his good faith that the first case he exhibited was a complete failure. But in several cases the result was all that could be desired and he had to congratulate Dr. Parsons upon the introduction of a method of treatment that held out distinct promise of benefit in a very distressing and hitherto very intractable class of cases.

Dr. Walter Tate, London, said that he was surprised at the permanence of the results reported by Dr. Inglis Parsons. In many cases of parametritis following delivery the exudation was completely absorbed and no evidence of past inflammation remained. He would also like to know whether the results were more permanent in the two cases referred to in which suppuration occurred.

Dr. Inglis Parsons, in reply to Dr. Tate, said he thought the amount of exudation was about one-fourth of that which occurred in acute parametritis. In three-fourths of his cases no rise of temperature occurred, and he therefore felt that he was entitled to say that the exudation produced by the injection was not inflammatory.

Clinical Chips From Gynecological Sources.

Swelling of the thyroid gland merely from congestion is always present in pregnancy and during menstruation.

Persistent irritation involving uterine muscles will cause a persistest swelling of the thyroid. Under the same condition colostrum is always to be found in the breast.

Ovarian tumors, or tubal dropsy, do not lead to enlargement of the thyroid.

Inoperable uterine cancers have been reported as arrested in their growth by full doses of thyroid extract.

The dose of thyroid extract that can be safely employed varies from ten to fifteen grains daily.

Thyroid extract in mammary cancer lessens the pain and the discharge, and seemingly has an inhibitory action on the malignant growth.

Thyroid extract in cretinism, after prolonged use, seems to be the curative remedy.

In children, with hydremic anemia, the use of thyroid extract seems to aid materially in the rapid and permanent increase in the amount of hemoglobin and in the number of red cells.

Upon myomas of the uterus, the thyroid extract certainly does cure some cases.

If one case was cured it would be a valuable remedy, but it is more than that—it has cured many.

In obesity, one grain thyroid extract given three times a day—gradually increasing to a maximum of nine grains daily—seems to be attended with rapid loss of flesh without unpleasant results.

In administering thyroid extract for obesity a large variety of opinions are published regarding the dosage. One report, where sixty grains were administered each day for six days, loss of weight amounted to eight pounds. There were symptoms produced, viz., slight increase in temperature, increase in the activity of the skin, hemoglobin of the blood reduced, headache, tingling, tremors, palpitation, syncope, respiration increased, appetite diminished at first, subsequently increased.

E. S. B. in the *Clinique*.

SURGICAL DEPARTMENT.

Edited by J. WYLIE ANDERSON, M. D.

Skin-grafting by a New Process.

The "Medical News" gives a method of skin-grafting described by Wiggins, in the St. Louis "Clinique," July, 1899. Epidermic cells from the sole of the foot are used. The part is first scrubbed thoroughly and washed with strong bichloride solution, after which strong boracic acid dressings are applied, covered with rubber tissue. The heat and moisture acting as a poultice loosens the deeper cells, which are scraped away with a dull knife after the dressings have remained for twelve hours. The mass thus obtained is desiccated over a water-bath at a temperature of 110° to 115° F. After all moisture is removed, they may be sowed over the granulating surface of the ulcer. Wiggins reports results which are most satisfactory.

New Cure For Curvature of the Spine.

A radical cure has been found for spine curvature. Instead of following the old method of putting the patient into the stiffest possible corsets or braces, which actually weakened the back still further instead of strengthening it, the unfortunate boy or girl who is rapidly becoming deformed is subjected to a course of special gymnastics which bring about remarkable cures. A frame-work is constructed so that the patient, lying either with the back on the curve, or away from it, can exercise all of the muscles by using the pulleys which run in all directions, exerting "pulls" upon the distorted frame in any way desired. The exercise must be taken under the eye of the physician, and under his constant guidance, resulting, in the course of a very few weeks or months, in the absolute cure of the curvature.

But it is a woman who really originated the plan, and, for

the past few years, has wrought some astonishing cures in Berlin. Mme. Catharine Wagner has done wonders in this direction, and her methods have been adopted by a large number of specialists and orthopaedic hospitals the world over. The system is so reasonable and scientific, yet so simple, that the wonder is that it was not invented years ago. In fact, the apparatus in a modified form has long been in use in gymnasiums, but there it was regarded merely as a device for the exercise of the straight and strong. That the weakest of creatures, so weak that their spine has begun to curve, should be benefited in this natural way, remained for the adaptive intuition of a woman to discover.

—Ex.

Litigation Against Railroad Companies.

DEDUCTIONS.

1. Shock is the same whether received from a railroad accident, mine accident, a surgical operation, hemmhorage, etc.
2. Spinal concussion, when it occurs, is the same whether received in railroad accident or in any other manner. The term railroad spine is therefore a misnomer.
3. The psychic element is not different except in degree, and may be much greater in other forms of accident than in railroad accidents.
4. Traumatic neurosis is relatively much greater among passengers, than among employees, and this in face of the fact that the accidents, as a rule, are more severe among the latter than the former. The difference can be accounted for by
 - a. The suggestions of friends and others of serious permanent injury to the victim, and the liability of the company.
 - b. By the worry, anxiety, and constant brooding growing out of suits for damages.
5. Experience teaches that a large proportion of the claims against railroads for alleged injuries are fraudulent, and, therefore, the rule laid down by Dr. Dercum, that we should exclude all pains, the existence of which cannot be confirmed by any

physical evidence, and which rests wholly on the unsupported statement of the patient, should be rigidly adhered to in our examination of railroad cases, and in arriving at a prognosis of their gravity.—*Lehigh Valley Med. Mag.*

Shock in Modern Surgery.

Dr. George F. Shrady, "Medical Record," believes that we are inclined to forget some of the fundamental principles which meant so much before the days of anæsthesia and asepsis. Then everything bent to speed in wielding the knife. With the present immunity from pain and insurance against wound infection, we are tempted to trust too much to the staying power of the patient. We must not forget that shock is a composite condition, a jar to the equilibrium of the entire sympathetic system, of which mere pain is often times an insignificant part. With ether and chloroform we may be satisfied that we save the patient from positive agony, but we are constantly wasting his nervous force of resistance the longer we imagine we secure him against positive injury. Of two methods of procedure, the one that takes the shortest time should always be preferred. What seems to be requisite now is not so much that we shall operate better, but that we shall do our work quicker. If the present perfection of technique can join issue with greater economy of time, the lesson of the hour will be profitably learned. Ordinarily there is no concern for exhaustion from hemorrhage, as the greatest care is always taken to seize the vessels the instant they are severed, but with nerve injury the effect is not so immediate generally as to force it upon the attention of the operator. The sentinel of pain is asleep, and vital energy retreats unchallenged in the very face of the enemy. If the nerve taps could be counted as easily as the blood jets, we would be correspondingly careful to guard against proportionately damaging results.

Surgical Use of Cocaine.

1. The use of cocaine should not be abandoned because its irrational employment has produced deleterious results.

2. Always make a thorough physical examination of the patient before injecting the drug.
3. It should not be used in cases showing organic disease of the brain, heart, lungs or kidneys, or in persons of neurotic diathesis.
4. Children bear it fully as well as adults.
5. The patient should always be placed in a recumbent position prior to its employment.
6. Constriction should be used whenever possible, to limit the action of the drug to the desired area.
7. Use a freshly prepared solution for each case.
8. Distilled water should always be employed, to which phenic, salicylic, or boric acid should be added.
9. A two per cent. solution has a better effect, and is safer than solutions of greater strength.
10. Never inject a larger quantity than one and one-eighth grains, when no constriction is used.
11. About the head, face and neck, one-third of a grain should never be exceeded.
12. When constriction is possible, the dose may be as large as two grains.
13. Every slight physiological effect is not necessarily to be taken as cause of alarm.
14. Cocaine does have effect upon inflamed tissues.
15. In case alarming symptoms occur, use amyl nitrite, strychnine, digitalis, ether, or ammonia.

To which we will add: Always use a chemically pure product, free from isatropyl and cinnamyl-cocaine, as well as other impurities, the presence or absence of which can be readily ascertained by the simple tests of the United States Pharmacopœia.—*New England Med. Monthly.*

Do We Need Iodoform?

The tendency to follow beaten paths, rather than act upon reason, is not new in surgery. Iodoform, is not a germicide, yet

it is more often used in the form of gauze dressing for pus cavities or septic wounds than any of the so-called antiseptics or germicides. It has the most disagreeable and lasting odor of any surgical drug, yet displaces more elegant, cheaper, and effective remedies, devoid of odor. It is poisonous, and frequently irritating to a sensitive skin; yet, patients must submit to its application, while the supply houses offer a large list of bland and non-poisonous remedies for local dressings.

To the credit of iodoform, however, it can be said that it lessens the power of certain microbes by liberating free iodine upon direct contact. Mixed with glycerine, forming an emulsion of 10 to 20 per cent., it has been extensively used for injections into tuberculous foci, and many surgeons have vaunted its value when so used between joint surfaces. The writer knows that in such cases it fails four times as often as it cures. I do not mean it fails for simple joint effusions where any incision or aspiration produces a cure; but where there is undoubted tuberculosis of joint cartilages, then I am certain that iodoform does not, in itself, cure the tuberculosis.

The chief claim for its value has grown out of the use of iodoform gauze for dressings within the vagina, bladder, rectum or mouth, and, in a lesser way, for temporary use in cases of purulent appendicitis, and where large abraded surfaces present examples of continued parenchymatous hemorrhage.

Having said this much, what more can be added as a reason for the continued use of a drug, clinically and chemically inefficient, poisonous, disgusting, irritating, and having superior remedies as successors for each place where iodoform has been used? If it were not for this last statement, this brief article would not have been written.

For dusting lines of union in sutured wounds, boric acid is vastly superior, is an efficient germicide, and may also be as safely used in the form of gauze for all places where iodoform has been a favorite, save for the control of hemorrhages, when acetanilid should be used. Aristol, dermatol, or iodol may be used for covering wounds, if preferred to boric acid—*F. A. Dunsmore, M. D.*

Eye, Ear, Nose and Throat.

Edited by DAVID A. STRICKLER, M.D.

E. Larue Vansant, ("Philadelphia Medical Journal," February 25th, 1899) in writing of the suprarenal gland of the sheep advises keeping desiccated extract on hand because aqueous solutions are unstable. To make solution take extract grs. v. acid. boraci grs xi., dissolve in aquae camphoratae and aquae distillæ aa one ounce.

A glycerine extract may be purchased which is stable almost indefinitely. Add ten drops of glycerole to the boric camphor water and shake when it is ready for use

To use for operations cleanse the nasal mucous membrane, paint with five per cent. cocaine, or four per cent. eucaine, wait five or seven minutes and thoroughly apply suprarenal solution on pledgets of cotton. It augments the anaesthetic action of the cocaine and produces marked ischaemia, thus greatly lessening the flow of blood which often obstructs the view.

Gonorrhœal Conjunctivitis.

Professor Fournier (*Wochenschrift fur Therapi und Hygiene des Auges*, No. 30, 1899) recognizes two varieties of gonorrhœal conjunctivitis. The first, the form with which all are familiar, the second a form which has had but meager notice. He says, "Whenever you see anyone with very red eyes who can look you in the face without winking and without lachrymation you can be almost certain that you have before you a case of gonorrhœal conjunctivitis."

In this type of disease the injection is endogenous. The three characteristic symptoms are *redness*, *diminished sensibility to light* and *diminished lachrymation*. It is not a serious affection and will usually get well without treatment.—*Annals of Ophthalmology*.

A Symptom of Hereditary Syphilis in the Eye.

Professor W. Goldzeiher (*Ung. Med. Presse* 1-31-99) called attention to the following symptoms of hereditary syphilis in the eye. In the deepest layers of the transparent cornea there exists a rich net-work of blood vessels. This peculiar pathological, picture can be seen only if the cornea be examined with the ophthalmoscope and a plus lens after the pupil has been dilated to the maximum. This symptom is found only in those cases where there has been a parenchymatous Keratitis, and is a positive sign of specific disease. The change in the cornea exists throughout the entire life of the individual even though the origin, syphilis, has been cured.—*Annals of Ophthalmology*.

Treatment of Black Eye.

When patient is seen immediately after injury, cold compresses or evaporating lotions are indicated to reduce the swelling and limit the discoloration. If discoloration, "black-eye," already exist hot compresses and massage are required. The affected part should be smeared over with vaseline and rubbed for ten minutes several times a day.

By frequent massage and continuous hot applications the discoloration may be almost entirely removed in twenty-four hours. The professional "black-eye" artists use a poultice of the scrapings of a root which is thought to be bryony-root.—*Medical Record*.

In Austria a "man" and "woman" are supposed to be capable of marrying and conducting a home of their own, says the *Medical Age*, from the age of fourteen. In Germany the man must be at least eighteen years of age. In France the man must be eighteen and the woman fourteen; in Belgium, the same ages. In Spain the intended husband must have passed his fourteenth year, and the woman her twelfth. In Hungary, for Roman Catholics, the man must be fourteen years and the woman twelve; for Protestants, the man must be eighteen and the woman fifteen.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

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EDITORIAL.

Quarantining Against Consumptives.

California, through some of her health officials, has started anew the question of quarantining against the ingress of consumptives to her territory, and much is being said *pro* and *con* in the current medical journals. The same question has been bruited on several occasions within the last few years by certain old school doctors in Denver.

When we study the history of Colorado, and realize that a large percentage of our active progressive population came here suffering from tuberculosis and were cured by a residence in this climate, who, but a man lost to every sense of human kindness, would ever think of enacting laws designed to exclude from our health-giving land the thousands who must seek relief, if relief be possible, from the pure air of the great Rocky Mountain region. Nothing is more certain than that the medical profession is unable to offer the least hope to the consumptive. Nothing has been more clearly proven than that Colorado does offer hope and assurance of relief and cure to those who wisely seek an early residence within her borders. Nor can it be truthfully said that the coming of these sufferers has ever worked the slightest injury to any Colorado community. There is nothing to show any tendency toward a spread of the disease by contagion or infection. On the contrary, it is evident to any unprejudiced observer, that not only is the individual cured, but hereditary tendencies are

often completely eradicated by a continual residence in this climate.

* * * * *

Shall it be said of us now living in Colorado, who have been restored to health in this beneficent climate, that we would deny to our less fortunate brothers the blessings which we have enjoyed? Shall we place a guard at our borders and say to them "Hitherto shalt thou come but no further." This land is not for you. It is our heritage and henceforth no one afflicted with consumption shall enter into it. All others are welcome; the vicious, the depraved, the gambler, the saloon-keeper, thieves, murderers and the scum of the earth, but not you.

If there be a physician among us who would shut out a single individual who might by any possibility be benefited by a residence in Colorado, such a physician is unworthy of his profession. If there be a citizen of this State who would turn away from our borders any sufferer seeking health, he is a disgrace to humanity, and should be driven from our midst.

* .. * * * * *

Why this talk about quarantining against consumptives? The unholy cry comes from a few unworthy doctors who seek a cheap notoriety not based upon merit, and who have seized upon the germ theory of contagion to alarm the unthinking and selfish in regard to the dangers from contact with persons suffering from tuberculosis. The history of Colorado furnishes most convincing proof of the fallacy of the germ theory of tuberculosis. If, as is claimed with such confidence by these theorists, the tubercle bacillus be the cause of consumption, why do we not see some evidence of it in Colorado? The germ is so prevalent here that it may be considered omnipresent. The air we breathe; the dust upon our streets; the food we eat; the water we drink; everything about us, contain these bacilli in unlimited numbers. Yet do we suffer from them? Do many people in Colorado acquire tuberculosis? No! The records show that the number who do is exceedingly small. The writer, who has been actively engaged in practice in Denver for almost twenty years, cannot recall a single case of undoubted origin in this State. This may

be somewhat exceptional, but not markedly so. Hundreds of other physicians have had a like experience. The number of well authenticated Colorado consumptives is so exceedingly small that we believe it safe to place it less than one hundred in the entire State.

* * * * *

When asked to explain this remarkable freedom from contagion—so called—among the residents of Colorado, the germ theorists tell us the germs of tuberculosis become active only under favorable conditions and that these conditions do not often develop in this climate. This statement carries with it a distinct admission that some morbid condition must precede the advent of the germ. To an honest, unprejudiced observer this abnormality constitutes the beginning of the disease, and the germ becomes simply an objective symptom which may possess some diagnostic value, but more than this cannot reasonably be claimed for it.

* * * * *

Much of Colorado's material prosperity must be credited to the wealth and enterprise of those who come among us seeking health. For many years we have shown our generosity and hospitality by extending to the world's invalids an invitation to come and dwell with us and be healed.

Selfishness has not been considered an attribute of our western people, and so long as our beneficent climate offers hope and health to the consumptive, let us remain true to ourselves, to humanity and to our traditions, by offering to all an unrestricted and unconditional welcome.

The Future of Medicine.

Many a physician whose income from his profession has been sadly curtailed, is entertaining disagreeable apprehensions. Amidst the numerous "isms" and healing fads, he sees several that are showing vigorous growth, and then he tries to solve this question: What is to become of medicine in the future?

Amidst the thousands rallying round the christian science

standard, we find a large percentage, that, having attained the proper degree of faith in that system—if system it may be called,—is greatly relieved by the exercise of that faith; others, suffering from imaginary ills, are enabled to vanish their delusions; while many in the thrall of self-limited disease, are taught to wait patiently for the end. The prayer-cure presents similar conditions with this exception: its followers are impressed with the belief that thought is *not* all; that *right* thinking must be supplemented by *right* doing. As it is in the foregoing, so, in varying degrees, is it in all the other parasites of the healing art.

Though these conditions are by no means new, there manner of presentation is novel. The quack in all ages has availed himself of their aid; the patent-medicine trade has been based upon the credulity of a gullible public; and domestic dosing has generally antagonized legitimate medical practice. Seeing his old enemy appearing in the latter-day healing-systems, the intelligent physician will naturally tend to improve his methods. And right here is where the medical profession must advance. Whatever is good and true in legitimate medicine; and that which is useful in the prayer-cure, is capable of a wider application.

To compete with the untrained opposition, the successful physician must expand his views of the healing art. He must avail himself of modern methods. He must learn that the giving of medicine in large or small doses is not always necessary to cure; that the knife may sometimes be dispensed with even though the surgical hand itches to use it; and that the mind of the patient is an all-important field. When he shall have become duly impressed with these facts, besides others equally patent, he will no longer doubt the profession is now undergoing an evolutionary process that will carry it very near to the realm of science.

EUG. F. STORKE, M. D.

MINNEAPOLIS, MINN., SEPT. 12, 1899.

That Recent Veto.

From the standpoint of modern medical education and fitness, this is an age of darkness and disappointment.

To those, both physicians and laymen, who advocate higher standards in college work and college censorship, and who believe that the profession can be broadened in its usefulness and made to conserve a higher purpose by a rigid, intelligent investigation, and careful, thorough preparation for the practice—this is not a cycle of congratulation.

The Executive of our progressive (?) commonwealth advances the logic of dollars and cents from the business standpoint, as opposed to the honest deductions and best judgment of the leading men of the three schools of medicine, many of whom have grown gray in the service of the people, and who, in many instances, stood shoulder to shoulder with the struggling pioneer and helped to build up the community that is now so fruitful as an open field for the rascally ‘medical’ riff-raff and their paid supporters, the daily hand-bills of “lost manhood” who are so successfully and so neatly rounded out in their scheme by the recent veto, whilst the harmless or fanatical class who use no drugs, or at least claim not to do so, were not affected by the proposed bill in any way.

The Governor endeavored to leave the impression that people have the constitutional right to do as they please—we presume he meant the quack medicine people, and surely he has made it quite possible for them to do so whilst he has removed the last vestige of protection from their victims. Previously, this class of medical fakirs were somewhat cautious. They knew medical legislation would come, *as it will come*, but under the present status of affairs they “bloom as the rose” and will continue to do so until we get another Executive who will be more thoughtful of his people, and whose patriotism and loyalty to the masses will, for the moment, obscure that business side of the question.

The public is incompetent, absolutely incompetent, to judge of the ability of the doctor, and hence, incompetent to resist the wily schemer who reaches the fireside daily and hourly by a carefully planned system of false statements backed up by an array of cuts copied from medical books that, by some mischance, have fallen into their hands. We would ask whose business it is

to protect a people rendered helpless by a class of schemers? What is the first principle of true liberty if it is not protection?

Our State has reared great structures and filled them with competent instructors, so that knowledge may be disseminated throughout the commonwealth, has built asylums and homes for the poor; each year has marked many steps in the intellectual progress of her people; but in the matter at issue the State makes no inquiry as to the character, honor, knowledge, decency, honesty or ability.

Injudicious medication carries thousands annually to the grave; adds many to the insane charges of the State and the inebriates and drug-addictions from this cause, directly and indirectly, is patent far beyond the slightest conception of the masses, What is done to protect these people? Is it also generally known that by far the largest majority of those who finally reach the surgeon's table for the awfully slim chance of restoration from typhlitis, peri-typhlitis, appendicitis and other kindred inflammatory conditions are victims of the "doctor" who "never gives mercury," or the patent pill that "does not contain mercury," or the drug-shop slug of "blue mass" given to the poor devil whose ignorance or spirit of economy has led him to ask at the corner store for "something for a headache from a torpid liver and constipated bowel" and which poor fool most likely will carry home to his family this same death-dealing poison for the wife or little delicate girl or boy who may to his thinking need "a spring cleaning out," but whose systems, unfortunately, can never be the same again—we refer more particularly to the children—after a single dose of this violent mineral poison?

Governor Thomas' theory of individual liberty is truly a beautiful thing. * * * With Thomas at the head of our political economy, and the advertising viper, swung like a dumb-bell in the hands of a money-grabbing and unscrupulous daily press, tugging at the ribs of social conditions, brings us back with a jerk to the good old Methodist conception of hell!

A. C. STEWART, M. D.

No. 1334 20TH AVENUE.

Notes and Personals.

The sentiment against compulsory vaccination is growing among the physicians of Colorado.

According to the distinguished physician, Sanarelli, the yellow fever antitoxin proved of no value in the treatment of that disease, as tried in Brazil.

The Black Plague, of Hong Kong, China, is a very fatal disease, the number of deaths generally being equal to the number of cases reported. Its ravages seem to be confined to the natives, the Europeans going into its presence with safety.

October 30th memorial exercises to the late Dr. I. T. Talbot were held in the Y. M. C. A. hall, Boston. Invitations were sent out to many Homeopathic physicians throughout the country. The program was elaborate and the attendance large; all eminently fitting in the commemoration of so distinguished a leader. To few leaders in any cause is the appellation "*Integer Vita*" more deserving than to the late Dr. I. Tisdale Talbot.

Dr. B. A. Wheeler has resigned as Superintendent of the Denver Homeopathic Hospital. Good things will happen.

Dr. W. D. Kinsloe stopped a few days to visit friends on his way home from Alaska, where he has been for eighteen months.

Dr. Clinton Enos was recently married to one of Brighton's fairest daughters. Congratulations.

ANNOUNCEMENT—Warren D. Howe, M. D., announces removal of office and residence to corner Ninth Street and Greenwood Avenue. Phone 17-1. Office hours 9-10, A. M.; 2-4 and 7-8 P. M., except Sunday. First-class private hospital accommodation.

Dr. Delos W. Hoskins, 78 Wall Street, Auburn, N. Y., has come to Denver for the benefit of his health, and, we are glad to say, is rapidly improving.

The CRITIQUE wishes to call the attention of our readers to the new advertisements in this issue. Our aim is to avoid all quack or fake ads. Compare the character of our ads with other medical journals.

The CRITIQUE is in receipt of an invitation to attend a memorial to the late Dr. I. Tinsdale Talbot, to be held at Association Hall, Y. M. C. A. Building, Boston, Mass., October thirtieth, 1899,

at eight o'clock. Taking part in the Order of Exercises, we note that Pemberton Dudley, M. D., Conrad Wesselhoeft, M. D., J. H. McClelland, M. D., John H. Coffin, M. D., and O. S. Runnels, M. D., made addresses. Higher Medical Education was for years championed by Dr. Talbot, and he did more than any other homeopathic physician in the United States to accomplish that end.

Drs. Geo. W. Crosby, Walter A. Corson and Mr. Joseph H. Burton, proprietor of Hotel Dennis, all of Atlantic City, New Jersey, made a call upon the CRITIQUE during a short visit to Denver.

During all the excitement and newspaper discussion of the supposed case of Leprosy at the County Hospital, what part, if any, did the homeopathic representative have to do with the case? Was he asked for his opinion? In fact, is he ever asked to do anything in the treatment of cases there, or is his appointment merely one in name only? We have failed to ever read or receive a report of number of cases treated, etc., by said representative. Will be glad to publish the facts in the case at any time.

The CRITIQUE wishes to extend to Dr. Laura Stockdale its sympathy, on account of the severe sickness of her mother, who is eighty-one years old and confined to her bed, and is wholly helpless from a stroke of paralysis.

There is probably a larger proportion of physicians who are sportsmen than of any other profession, and to those who take an outing each year, and to those who do not, we wish to call their attention to *Outdoor Life*, published in Denver. The former will live over the chase each month, the latter will come as near as possible enjoying an outing without the actual experience. In either case, reading *Outdoor Life* will afford pleasure, information and mental recreation. Our diagnosis, after reading its bright, snappy, pages, is, that it is the best remedy for the blues known, and will cure it every time. Success, brothers McGuire and Ricker.

Denver Homeopathic Club.

Reported by Edwin Jay Clark, M. D., Secretary.

The October meeting was held at the Brown on Monday evening the sixteenth instant. Fourteen members were in attendance and twenty-two visitors, among whom were a goodly number of Osteopaths. Dr. Curtis M. Beebe read a paper on "Some Studies in Anatomy" in which the doctor discussed anatomy from the

osteopathic standpoint. He reported having seen six to ten cases of dislocation of the atlas in the past week. The discussion showed the truth of the doctor's statement that ordinary physicians would not know if the spine was dislocated or not, as none of the physicians present ever knew that a case with this condition had been under their treatment. The paper was a disappointment to many who had expected the doctor to present a paper on a subject which they knew he was well and ably qualified to speak upon, viz., surgical anatomy.

Dr. O'Connor presented a paper giving a description of an unique case, showing the effect of antisyphilitic treatment upon the bringing into existence of healthy children where the previous rule had obtained.

Book Reviews.

ESSENTIALS OF DISEASES OF THE SKIN INCLUDING THE SYPHILODERMATA, arranged in the form of *questions and answers*, prepared especially for the student of medicine, by Henry W. Stelwagon, M. D., Ph.D. Clinical Professor of Dermatology in the Jefferson Medical College; Physician to the Department of Skin Diseases, Howard Hospital; Dermatologist to the Philadelphia Hospital, etc. Fourth edition, thoroughly revised.

This is No. 11 of Saunders' Question Compends, and is fully up to the standard of excellence of the other numbers, clear, concise and sufficiently complete for the young practitioner as well as the student of medicine, this 11th series will surely be of great value to the profession. W. B. Saunders, 925 Walnut Street, Philadelphia.

DISEASES OF CHILDREN, by C. Sigmund Rane, M. D., Visiting Physician to Children's Homeopathic Hospital, and chief of Children's Clinic, Philadelphia; Visiting Physician to Children's wards in the Woman's Homeopathic Hospital, Philadelphia; member of the American Institute of Homeopathy, of the Homeopathic Medical Society of the State of Pennsylvania, of the County Society, etc. Boericke & Tafel, Philadelphia, Pa., 1899. Cloth \$3, by mail \$3.22.

The author's aim was to present a work purely clinical, together with personal experience and treatment, as much as possible. The Table of Contents is made up of eighteen chapters. Chapter I. Hygiene and Nursing. Then proceeds to give in detail methods of clinical examination. Then takes up the diseases of the new born child, beginning with the mouth and taking up every organ in the body.

The work is practical, the description of each disease with definition, etiology, pathology, symptomatology, diagnosis and treatment is given. The book is printed in large plain type on good paper in a concise, and attractive way, characteristic of the publishers.

BEE-LINE THERAPIA AND REPERTORY, by Stacy Jones, M. D., Philadelphia, Pa. 1899 Boericke & Tafel. Flex. Morocco \$2, by mail \$2.06

The Second edition is as its name implies, a quick reference, arranged alphabetically.

THE LOGIC OF FIGURES OR COMPARATIVE RESULTS OF HOMEOPATHIC AND OTHER TREATMENTS, edited by Thomas Lindsley Bradford, M. D., Philadelphia, Pa. 1900. Boericke & Tafel. Cloth \$1.25, by mail \$1.32.

This little work is of inestimable value to every physician in the land, for by it you can quickly turn to comparative statistics of Homeopathic and Allopathic treatments of almost every disease, showing at once the benefit to be gained by using Homeopathy. Table of Contents is divided into nine sections, as follows: General statistics, cholera, yellow fever, pneumonia, Typhus fever, diphtheria, diseases of children, insanity, bibliography. One of the latest and most extensive reports of the work is by Dr. David A. Strickler of Denver. The complete report is given as presented to the American Institute of Homeopathy and published in the Transactions for 1898. The paper and print are good.

Things to Remember.

AN EDITOR'S SAD PLIGHT.—"It is reported that one of Bolivar's fastidious newly married ladies kneads bread with her gloves on." The incident may be somewhat peculiar, but there are others. The editor of this paper needs bread with his shoes on; he needs it with his pants on, and unless the delinquent readers of this old rag of freedom pay up before long he will need bread without a darned thing on.—*Humansville Star-Leader.*

PHILADELPHIA, Oct. 3, 1899.

SMITH, KLINE & FRENCH CO.,
No. 429-435 ARCH STREET.

GENTLEMEN:—At a meeting of the Medical Committee of the G. A. R. Encampment held yesterday it was unanimously resolved:
That the thanks of the Committee be sent to the firm of Smith,

Kline & French Co., for the generous donation of Eskay's Food supplied to the marching men during the great parade. Many thousands overcome by fatigue were greatly revived and benefited by it, and we desire to testify to its good qualities and furthermore recommend it. Very truly yours,

THOS. H. ANDREWS, M. D.,
Chief Surgeon.

G.R. HULSIZER, M. D.,
Asst. Chief Surgeon.

THE TIME REDUCED—The Union Pacific takes you from Denver to San Francisco in forty-eight hours; nine hours quicker than any other line, sure connections. The finest equipment on the continent. Ticket office 941 17th St.

ALL GONE.—Philadelphia American: Abrahams - Ikelstein has lost his wife.

Solomon—Yaas, an' it's a total loss. Dere vas no insurance.

Panopepton is in a great many cases indicated because of its digestibility; to mix it therefore, with indigestible foods, nullifies the advantages to be derived from the administration of a pre-digested food. Panopepton is the only complete prepared food for the sick; it recruits the digestive functions, and helps the patient to return to the tolerance of ordinary foods. Fairchild Bros. & Foster, New York.

A road-bed so perfect with ballast of rock,
A service so punctual "On time to a Dot."
A train-crew so courteous, no effort to please,
 Makes travel a comfort, a pleasure and ease.
A double-tracked mainroad from East to West,
 A "Chicago-Northwestern" for travel, "The Best."

We take especial pleasure in calling your attention to M. J. Breitenback Co., sole agents of Pepto-Mangan ("Gude") advertisement which appears in this issue. They advertise only to the profession through recognizes channels. Pepto-Mangan is ready for quick absorption and is applicable to all cases of anemia, chlorosis, Bright's Disease, Rachiter, Neurasthenia, etc.

For surgical supplies, oxygen gas, trusses, batteries, high-grade cutting instruments and elastic stockings, go to W. H. Lauth, 1619 Curtis Street.

The bear idea—a cub.
Old as the hills—the valleys.
An old-time hit—The battering ram.
The latest thing out—the light before you go to bed.

BLOOD FOR BABIES IN ANÆMIA, INANITION, CHOLERA INFANTUM, MARASmus, ETC.—In the course of the second year there comes a time when the milk diet begins to be insufficient for the growing child, and Nature calls for a change, while yet the system is in many cases unprepared for solid food. This kind of deadlock results in diarrhoea or constipation, anæmia, restlessness, etc. In such cases the fit and radical remedy will be found in the administration of say ten drops of bovinine in a little milk, at intervals of three hours.

Little Lobert Valverdie, a patient who came under my care in the condition of malnutrition above described (after trying all the usual medical helps with no benefit), was immediately restored by the direct blood treatment. On the second day of taking bovinine, the constipation and other trouble began to be relieved, and on the third day, all signs of ill-health had disappeared as if by magic. This simple treatment was continued for three weeks, the child thriving beautifully. Where we can administer ready-made life-blood, what more do we want?—Remarks by Dr. T. J. Biggs.—*American Med Monthly, Aug. '99.*

TO THE DEAF.—A rich lady, cured of her deafness and noises in the head by Dr. Nicholson's Artificial Ear Drums, gave \$10,000 to his Institute, so that deaf people unable to procure the Ear Drums may have them free. Address No. 850, The Nicholson Institute, 780 Eighth Avenue, New York.

SUMMER.

Same old strolling
On the shore.
Same old breakers
Same old roar.
Same old sunset,
Same old moon.
Same old story,
Same old spoon.

AUTUMN.

Same old parlor
In the town.
Same old father,
Same old frown.
Same old nonsense—
“Precious pearl.”
Same young fellow,
Different girl.

Smallpox prevented by using Immune Tablets. Manufactured by The Immune Tablet Co., Washington, D. C.

Batteries, large and small, and all kinds of electrical apparatus at greatly reduced prices by the McIntosh Battery and Optical Co., 521 Washington Ave., Chicago, Ill.

Parke, Davis & Company. Aseptic Vaccine is put up in sealed glass capillary tubes, each holding sufficient for one vaccination, making this preparation neat, safe and easy of application direct to patient's arm.

HUSBAND—Why are you so angry at the doctor?

WIFE—When I had a terrible tired feeling he told me to show him my tongue.—*Tid-Bits.*

You might as well try to do business as a physician without an office, as to get along without Hydrozone. It is "the most powerful antiseptic and pus destroyer. Harmless stimulant to healthy granulations." Manufactured by Charles Marchand.

If you want to buy or sell an established medical practice or drug store anywhere in the west or secure a partner or assistant for your practice, write The Western Practice Bureau, El Paso Block, Denver, Colorado.

ONE ON THE DOCTOR.—A noted surgeon of London, who was called to attend the Queen just at his lecture hour at one of the large colleges, had written upon the bulletin board, "Dr.—will not lecture to-day. Gone to attend the Queen." Some miscreant wrote underneath the message "God save the Queen."—*Exchange.*

The Scenic Line of the world is known as the Denver and Rio Grand R. R. It takes you to all the mountain fastnesses. Do you wish to go to the greatest gold camp, Cripple Creek, or the greatest silver and lead camp, Leadville, or the greatest salt lake in the world, Salt Lake City, Utah, all are reached by the D. & R. G. R. R.

S. K. HOOPER,
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G. W. VALLERY,
General Agent, Denver, Colo.

THERE ARE OTHERS.—It was the evening hour again, and Lucy knelt to lisp her evening prayer. Her little heart was bursting with self-satisfaction—she had been so exemplary all through the day.

"Oh, Lord!" she said, "make me very good, even better than I am."—*Exchange.*

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F. E. May, M. D., Bloomington, Ill., will tell you how to cure Goitre. Write him, inclosing a 2-cent stamp for particulars.

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The old reliable U. P. R. R. is up-to-date in everything and with the new cut-off finished it will land you in Chicago on its fast train in the quickest time. For full particulars call on or address, GEO. ADY, General Agent, Denver, Colo.

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The Colorado Road reaches a majority of the scenic and resort points of the State. If contemplating a trip, no matter in what direction, consult an agent of The Colorado Road, or write T. E. Fisher, G. P. A., Denver, Colo.

HOW TO ECONOMISE LIFE.—A man has just so many hours to be awake, and the fewer of these he uses up each day, the more days will they last. I believe that a man might last two hundred years if he would sleep most of the time. That is why negroes live to such an advanced age because they sleep most of the

time The proper way to economize life is to sleep every moment that it is not necessary or desirable that you should be awake.—*Tesla.*

Do you wish first-class work in designing, half-tone or zinc etching, remember Frank Reistle, 14th and Lawrence Street.

Alcohol as an Antidote for Carbolic Acid.

W. O. Gross ("Fort Wayne Medical Journal Magazine," No. 29, 1899), in following out the experiences of Phelps and Powell on the use of alcohol as a specific antidote for carbolic acid, says that he applied a quantity of pure carbolic acid to the back of his hand and allowed it to remain until the acid had manifested itself by a burning sensation, when an application of pure alcohol was made and the escharotic action of the acid was checked at once.

To further demonstrate the properties of alcohol as an antidote in carbolic acid poisoning, the writer deliberately placed the end of his tongue in carbolic acid which was contained in a shallow dish, with the result of receiving the full escharotic action of the acid on the soft, delicate tissues and membranes. The pain experienced was intense, yet the application of alcohol, which was made by holding a tablespoonful of the fluid in the mouth for a period of thirty seconds, entirely relieved the pain and destroyed the action of the carbolic acid so that no inconvenience was afterwards manifested.

Carbolic acid, when taken internally, acts energetically as a corrosive narcotic poison, its first effect being to corrode and destroy the tissues with which it comes in contact, producing a chain of toxicological symptoms not unlike those of mineral acids. The secondary effect is that of a narcotic with the characteristic action on the pupils, skin, temperature, respiration, and pulse.

The stimulating action of alcohol, when taken internally, causes it to counteract the secondary narcotic action of the carbolic acid.

The ease with which alcohol is procurable and the simplicity of its application, coupled with its safe and rapid action, stamps it as being, so far as known at the present time, the specific for poisoning by carbolic acid.—*Medical Age.*

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A Modified “Salisbury Diet” in the Treatment of Intestinal Indigestion.

By Dr. F. F. Laird, Utica, N. Y.

[Read before the Denver Homeopathic Club, Nov. 20, 1899.]

The “Salisbury Diet” and vegetarianism are antitheses. The former regards vegetable matter as the chief, if not the only cause of human ills; the latter is equally positive that a meat diet and degeneration of the race are synonymous. Dr. Salisbury, a sufferer from intestinal indigestion, was cured by an exclusive diet of meat and hot water; the founder of vegetarianism found a panacea for stomachic indigestion in a purely vegetable diet. Each caught a glimpse of a great truth, and each from an isolated fact sought to establish an autocracy in the field of dietetics. The former was a finely educated physician, an expert microscopist, a close observer, a physiologist scientifically testing his theories by the touchstone of experiment and physiological chemistry; the latter, a mere hobbyist, resting the claims of vegetarianism upon dogmatic statements and appeal to popular prejudice. We may stigmatize Dr. Salisbury as a “crank,” call him a man of one idea, sneer at the results of his years of patient toil and experiment, and ridicule his writings as the vaporings of an unbalanced mind; but still we must concede that many a so-called “crank” has left an indelible impress for good upon the thought of the world. While earnestly seeking to establish a great truth, his enthusiasm led him beyond the bounds of reason; and yet we must give him credit for discovering one of the greatest facts in medicine, namely that the majority, if not all, of the chronic diseases have their origin in intestinal indigestion and malassimilation.

Soon after graduation in medicine, when the embryonic physician has greater faith in his knowledge than at any other period of existence,—it unfortunately fell to my lot to treat several cases of aggravated intestinal dyspepsia; and failure to master them was my first warning that the theory might be widely at variance with the practice of medicine. After Dr. Salisbury had cured several cases which I had wisely (?) pronounced incurable, it struck me as far more sensible to confess my ignorance and seek knowledge even when clothed in the garb of pessimism. I visited Dr. Salisbury at his office in New York City, spent several days investigating his methods, listened carefully and thoughtfully to his arguments, studied the practical results of his treatment both in hospital and private practice, and returned home with much meat for reflection. No one could converse with the man without being at once convinced of his sincerity and unflinching confidence in his methods. His drug treatment was the rankest polypharmacy, nearly the same combination being given to all patients regardless of any particular disease. The one prescription covered Bright's disease, phthisis pulmonalis, rheumatism, gout, diabetes mellitus, heart disease and boils, probably on the assumption that a common origin requires a common medicinal panacea. We may, therefore I think, throw out drugs as a factor in the equation and attribute his success solely to dietetics. In a just estimate of the man, it must be frankly admitted that many of his diagnoses were notoriously inaccurate, especially locomotor ataxia and diseases of the nervous system; and, in this branch of medicine his statistics are open to strong suspicion. In tubercular troubles the results were not encouraging, and in cardiac disease, were absolutely disastrous. The various Bright's diseases yielded no cures, but many cases, in all varieties, of marked improvement. Chronic articular rheumatism and gout gave a few brilliant cures and many failures. In lithæmia, contrary to what might be expected, the treatment was wonderfully successful, an observation confirming the statement of Prof. Thomson (Dietetics), and repeatedly verified by myself, that "uric acid has its origin far oftener in saccharine than nitrogenous foods." His successful cases of diabetes mellitus

are scattered all over this country, and in all my experience, I have found nothing to rival or compare with the strict "Salisbury Diet" of ground meat and hot water in mastering this dreaded malady. A most careful scrutiny of Dr. Salisbury's work has convinced me that his greatest triumphs were confined to cases showing marked evidence of intestinal indigestion and whose whole life history was written in the one word, "vegetarian." While, therefore, far from subscribing to his dictum that fermentation lies at the root of all chronic diseases, while denying his ability to cure cancer, tuberculosis, heart disease, etc., by his diet, and while seeing no practical usefulness to himself or others in the microscopic examination of every patient's blood, I nevertheless accepted the following propositions as not unreasonable and worthy of investigation.

- (1) American dyspepsia is generally synonymous with some of the various forms of intestinal indigestion. The gastric catarrh being secondary.
- (2) The starches, sugars and fats, by undergoing fermentation, are the pons et origo mali.
- (3) Nitrogenous foods are digested in the stomach; non-nitrogenous foods, in the intestines.
- (4) The cure must be conducted on the principle of giving rest to the diseased part.
- (5) Americans are deficient water drinkers, therefore, thorough cleansing of the system with that best anodyne, anti-phlogistic and diuretic, hot water.

Prolonged experience and successful work along that line convinces me that every one of the foregoing propositions is true, and that no physician can hope to master dyspeptic conditions until he first masters this alphabet of dietetics. Rest to the injured part is one of the first principles in medicine. Every surgeon recognizes it, but the average physician applies it in every part of the body except the digestive tract. To be an expert in dietetics requires (1) a thorough knowledge of the composition of every food in common use, and (2) a practical familiarity with the physiological chemistry of digestion. Both of these requisites were possessed by Dr. Salisbury to an eminent

degree; but his enthusiasm leads him astray in asserting that a perfect nutrition can be indefinitely maintained on an exclusive diet of meat and hot water. Facts and physiology both negative the statement. Watch a patient under strict "Salisbury Diet" and note results. The sour stomach, distension with gas, discomfort after meals, headache, insomnia and pallor begin to yield even on the first day; the general malaise gives place to a more hopeful feeling. By the third or fourth day, he complains of weakness and inability to work (starch and sugar, the force-producers, are needed). There comes complaint of cold hands and feet with increased susceptibility to cold air (a loud call for the combustible, heat-producing fat). The adipose tissue of the body is now gradually consumed and the patient is frightened by his loss of flesh. The pulse is nevertheless round, full and strong and the sallow-white complexion is becoming more and more clear and ruddy. Digestion is now perfectly performed, but certain food elements, essential to good nutrition, are wanting. These symptoms of weakness, coldness and loss of flesh, belonging to the effects of the purely "Salisbury Diet," led me by experiment to the use of the following dietary, which conforms far more closely to physiological requirements and is in my hands at least, far more satisfactory.

Broiled beef-steak, free from fat.

Broiled mutton and lamb chops, free from fat.

Broiled game of all kinds, free from fat.

Animal broths of all kinds, free from fat and vegetables.

Oyster broth and clam broth (without milk).

Broiled halibut, white, blue and fresh cod-fish.

Soft boiled or poached whites of eggs (yolks not allowable).

Rice, Robinson's Patent Barley and farina, each boiled or steamed four hours.

Butter ad libitum.

Celery, uncooked, in small quantities.

Twice baked white wheat bread: or zweiback made without sugar.

Drink slowly one pint of hot water one and a half hours before each meal and a half hour before going to bed.

The advantages of the above dietary as compared with the "Salisbury" are (1) a variety of meats, and (2) the addition of most easily digested starch and fat. Disgust for the food is thus avoided, the patient is far more willing to follow directions, and the three physiological classes of foods contribute to perfect nutrition. All the meats (except roast beef) are broiled to remove fat from their tissue; the cereals are subjected to prolonged cooking to soften and partially convert starch into dextrin; and all fats, except the easily digested butter, are excluded. The hot water should be slowly sipped as you would drink tea, consuming ten or fifteen minutes in taking the pint. Its office is threefold, (1) to cleanse the stomach from mucus and prepare it for the forthcoming meal, (2) to dissolve and wash away impurities as the hydrant flushes the sewer; and (3) to obtain its hyper-aemic reactive effect with consequent increase of pure gastric juice. If the hot water be distasteful, a pinch of salt, a teaspoonful of strong coffee or a few drops of lemon juice may be added; under any and all circumstances, the water must be continued from start to finish of treatment. The amount must be varied, however, to suit different conditions, my one aim being to keep the urine at or below a specific gravity of 1010. In gout and lithæmia, six quarts per day will often be required before diuresis is manifest: while in neurotic subjects with irritable bowels, the usual two quarts may produce a profuse black, watery diarrhoea which speedily ceases by lessening the dose.

My method in using the diet is as follows: If the stomach is very irritable, every kind of food causing distress, the patient is at once put on mutton broth, small quantity and often. As soon as the gastric irritability is subdued, commence with broiled beef-steak, at first carefully and then allowing all the appetite craves—from three to four meals per day as required. As soon as gas and distress after eating cease, substitute another of the red meats, and watch its effect. Thus may be tried, one at a time in succession the various meats on the list, discarding any which causes discomfort. At the same time, the patient may have one-half slice of twice baked bread, or zweiback, with butter, at each meal. If, after a three days' trial, this is found to

agree, double the amount of bread. All going well, fish and rice may be added. As digestion improves, try one article after another on the list until the patient is able to digest them all. Then let him experiment with various fruits and other articles of food, always testing one at a time, that he may ascertain what he can safely eat and what he must let alone. Let lemon-juice always take the place of vinegar, citric acid seldom sets up fermentation, while acetic acid is the veritable originator of Dr. Salisbury's "yeast-pot."

With due precaution, it will surprise both physician and patient to find how extensive a dietary can, in a few weeks, be utilized by one whose digestion was almost zero.

In the early days of the treatment, with an almost exclusive meat diet, the waste is slight and stool correspondingly scant. If, however, actual constipation exist, a colon-douche of two quarts of "normal saline solution" is very beneficial, especially when catarrhal colitis is present. This may be repeated as required until such time as a more liberal dietary shall overcome the difficulty.

As every mechanic is said to use his own tools best, so every physician wields his well-tried weapons as no novice can. A few faithful, conscientious trials of the dietary above outlined will, however, make you thoroughly familiar with its practical working and expert in its application. Rigid, absolute adherence to the diet, is the key-note of success. After fifteen years experience, I can say without egotism, that the modified Salisbury diet is to me the most satisfactory thing in the whole realm of medicine. May it prove of equal value to each and every one of you is the earnest wish of the writer.

Some Points in Dietetics.

By W. A. Burr, M. D.

[Read before the Denver Homeopathic Club, Oct., 1899.]

All food stuffs may be divided into two general classes, animal food and vegetable food, both of which are needed in the dietary of man. Vegetable food alone might keep the body in a fair state of health, but without animal food also it would be lacking in strength and endurance. Deprived of either one of these general classes of food, man would be unable to reach the highest and best civilization and refinement.

In Gen. i. 29 we read; "And God said, Behold I have given you every herb bearing seed, which is upon the face of all the earth, and every tree in which there is the fruit of a tree yielding seed, to you it shall be for meat." But the Lord also said, as recorded in Gen. ix. 3, "Every moving thing that liveth shall be meat for you." And so "Abel was a keeper of sheep, but Cain was a tiller of the ground," thus providing for man the necessary animal and vegetable foods from the beginning. So, however much the vegetarian may quote from the Bible, where it tells of Daniel and his three friends who become "fairer and fatter in flesh" after the use of pulse for ten days, still he must acknowledge that the use of flesh for food is supported by Bible authority. Even the pulse referred to is richer in proteids than meat. It is altogether probable, furthermore, that those who partook of the king's meat and wine did so to excess, just as most persons do who eat meat and drink wine. As a rule, none but physical toilers should eat much meat, and wine is altogether unnecessary, to say the least, in the dietary of the ordinary person.

The late Dr. W. H. Burt, in his work on "Consumption and Liquids," makes this statement: "If the great majority of mankind did not live on a mixed diet of animal and vegetable food, sickness and death would soon be developed, and man would be destroyed from off the face of the earth."

But there is another division of food stuffs into (1) carbohydrates, (2) fats, and (3) albuminous, to which Dr. Burt adds, (4) salts, (5) water, and (6) air. These six aliments, when pure and

taken in due quantity and proportion, will tend to keep the body in a state of health. But to have these perfectly pure, and to use them in due quantity and proportion, requires the greatest knowledge and care. A well regulated diet is not only necessary to maintain the health, but it is also of great value in preventing disease.

But as to these six classes of food and the purposes they serve in the human body in a state of health, full information is found in any ordinary work on physiology.

More than thirty years ago, Prof. Cooke of Hahnemann Medical College, Chicago, expressed the belief that if there is ever to be a new system of healing the sick it will be "Alipathy." Not Allopathy, by which we mean the old school system of medication, but a word of different spelling; a-l-i-p-a-t-h-y, which would mean, as its Greek derivation shows, healing with aliments. This would be an agreeable system of therapeutics, especially when compared with a heroic dosing of nauseous drugs.

But such a system of healing is already practiced, in a measure at least, by every true homeopathic physician. A proper system of dieting is a most important adjunct to the homeopathic remedy, and is often more important than any drug medication. It has frequently been charged against Homeopathy that in and of itself no cures are wrought, but that the successes of Homeopathic physicians are due to a well regulated diet.

That the idea of such a system of healing was not visionary may be seen from the known value of certain foods in some diseased conditions, as cod liver oil in phthisis; olive oil in diseases of the alimentary tract; pineapple juice in diseases of the throat, as diphtheria and croup; onions in laryngeal and bronchial troubles, animal fats in tubercular conditions; string beans and asparagus in some kidney diseases; tomatoes in liver affections; bran or whole wheat foods in constipation; apples, figs, prunes, and oranges in gastric and enteric catarrhs and constipation, and many others. The physician skilled in dietetics individualizes in selecting the diet as carefully as he does in selecting the Homeopathic remedy.

Why should we have a routine system of diet any more than

we should have a routine system of medication, which we all decry? Age, sex, occupations, habitat, individual tendencies and dyscrasias inherited or acquired, and even mental and physical idiosyncrasies should be considered in both health and disease in selecting the diet. Let this be done and the Homeopathic remedies will have new power to heal. I believe a properly regulated diet would in a large measure correct obesity and excessive emaciation. The right use of water and other liquid foods would not only measurably equalize these extremes of the body, but would also greatly improve the general appearance of the skin, so apt to become harsh and dry in this climate. With very few exceptions, corpulent persons have a habit of drinking freely of pure water, while those who are lean and lank use it sparingly. Habit has aided in bringing these persons to their present conditions. Plenty of water and liquid food for the one and disuse of these articles by the other would add to the general health of both and at the same time improve the general appearance. Man should aim not only to be well, but also to look well.

The custom of some physicians of permitting their patients to select their own diet will oftentimes work well, but, on the other hand, will occasionally result disastrously. Man is a creature of habits, which, even while in a state of health, lead him to improper food and drink to his great injury. If he is liable to err in his diet when well, much more will he crave an improper diet when he is ill. The wise counsel of some one skilled in dietetics is needed by all whether sick or well.

Alcohol in some form is freely used by a large proportion of mankind. Its use to excess has made physical and mental wrecks of thousands of its victims annually, while it has swelled the death rate to an appalling degree. This misuse of alcoholics has well nigh excluded them from the list of food stuffs. In fact there is a difference of opinion among physiologists as to whether alcohol is a food or not. The weight of the evidence seems to be that it is such. It is a powerful agent, but it does not appear in our pharmacopeia as a medicament. The best physicians but seldom recommend it as a beverage, and prescribe it, if at all,

with great caution. In small doses it lessens muscular power on the one hand, but on the other hand it increases the digestion. Wine and beer favor the formation of gastric and pancreatic juices, but check the elimination of carbonic acid gas. In large doses, alcohol is a dangerous depressant.

Tobacco has a place in our *materia medica* and has quite a range of destructive poisonous properties affecting injuriously the digestive tract, the heart, the eye and the whole nervous system. Its use also causes some forms of cancer. It is not a food, properly speaking, and cannot be habitually used with impunity.

Coffee, and its alkaloid, caffeinum, have also places in our *materia medicas*. Its prolonged or excessive use is followed by injurious effects. In most persons these injurious effects are but slight. Coffee and tea are not, properly speaking, real foods, although they are often so classed and generally used as such. They arrest tissue waste, and are of value in cases of bodily and mental fatigue and exhaustion, and may be used with comparative impunity for quite a long time. They lessen the tissue waste of laborers, stimulate the jaded powers of brain workers, and produce a very delightful feeling of exhilaration like mild stimulants. They are nevertheless, not foods and should not be used as such. Those who use coffee and tea freely are more subject to liver complaints, rheumatisms and neuralgias, bowel troubles and even paralytic conditions, than are others. It is very reasonable that articles having such alkaloids as nicotine and caffeinum should not be commonly used by any one, be he sick or well. At the same time their use, if not excessive, is comparatively harmless. But what is excessive use? How may we know? Let the habitual user of any one of these entirely abstain for a few days or weeks, and use mild articles of diet in their place. If there is no craving for them, and no especially unpleasant results follow, then their use has been comparatively harmless.

GENERAL MEDICINE.

Edited by W. A. BURR, M. D.

Varicelliform Syphilide.

A mother's first and second babes developed congenital syphilis from which they both died before attaining the age of one year. Becoming again with child she sought the assistance of a physician who gave her ante-natal treatment during nearly the whole period of gestation. At birth the child appeared to be perfectly well and so remained for about a month.

The sixth week a papular eruption suddenly appeared, covering nearly the whole body. Within twenty-four hours some of the papules became distinctly umbilicated, containing a little straw colored fluid. It seemed to be a case of varicella and was so pronounced.

This occurring on the eve of the late small-pox epidemic in Denver, and the physician in attendance fearing he had a case of variola on hand judiciously decided to have an expert called to decide the question. The health officer sent a physician who had attended some of the small-pox cases and he pronounced the case to be one of varicella; a severe case.

This decision satisfied the attending physician who treated the case accordingly, and within two weeks the eruption had well nigh disappeared.

During the height of the eruption at least one-fourth of the vesicles were distinctly umbilicated. At this junction a severe ozena set in and the child was taken to the country and in a few weeks died of meningitis.

This was undoubtedly a case of congenital syphilis, the syphilide so closely resembling varicella as to deceive even an expert diagnostician even when he had so recently attended cases of true variola.

Valerianate of Zinc Cures Ovarialgia.

A woman aged 43 had chronic ovarialgia of the left ovary, which was worse during and after menstruation. She had sought relief in vain and had taken various medical preparations with no good results. The pains were of a stinging and burning character.

Valerianate of zinc 3x, two grains three times daily relieved the pain in three days and has not returned for six weeks. She seems to be cured. The last menstruation was not accompanied by the accustomed and dreaded ovarialgia.

One of the live questions of the home is: "Shall tuberculous patients be quarantined? As yet but a small proportion of the medical profession seem to look upon the quarantine with any degree of favor. The *Pacific Coast Journal of Homeopathy* in pointing out some of the difficulties that would attend such a quarantine makes the whole matter look ridiculous in the extreme. The following is a paragraph:

"What fine times the State Board of Health would have had in trying to enforce the contemplated quarantine! What an extensive array of officials, of special agents, and of medical officers would have become a necessity! How the dear public would have growlsd at the large direct expense and at the loss to the people, from doctors down to boarding-house keepers, arising from the loss of business which these sick bring! What fun there would have been in determining the existence of lung disease in the fair maiden tourist from the east or south or north, and what delightful complications would have arisen from bacteriological and other tests to label, properly and with scientific accuracy, the responsible germs! What brilliant opportunities for law-suits against the Board of Health and its agents for mistakes made, for useless detentions on the road, for possible blunders in diagnosis! Indeed, the State Board of Health has acted wisely in thrusting the responsibility upon an All-wise Providence and in letting the climate and an open-air life have its way with the sick. They will fill the measure of wisdom if they will give to the people of California a law prohibiting promiscuous expectorating in public places.

X-Rays in Chronic Eczema.

Dr. Albers-Schoenberg reported a number of cases to the Hamburg Surgical Society, among these that of a child, eleven months old, suffering from a chronic impetiginous eczema of the head; the latter healed with extraordinary rapidity, accompanied by great loss of hair, which again began to grow after a few months.

It has been computed that one person in every 800 is blind to the X-rays. That is to say, when looking through the fluoroscope, they are utterly unable to observe the bones of the body, coins, or any other object which is clearly distinguishable by the ordinary observer.—*Modern Medical Sciences*.

Alopecia Areata Contagious.

Four instances were observed by B. Plonski, two pair of brothers and sisters having contracted the disease one after the other from using the same combs.—*Modern Medical Science*.

Lupus Contagious.

A mother and daughter, suffering from lupus, were seen by Dr. Edward Meyer, who presented the patients before the Berliner laryngologische Gesellschaft. Both had made use of the same towel and wash rag. The case was obviously one of transference of lupus from one person to another.—*Modern Medical Science*.

Effect of Liquid Air on the Skin.

If a spray of liquid air is applied to the skin, the part at once becomes anæmic and perfectly colorless. If the application is made only for a few seconds, the color as quickly returns and the skin is congested for some minutes thereafter. Within much

less than a minute's time, by means of a spray, the part is frozen as hard as ice, but strange to say, in a few minutes circulation returns without any injury to the tissue, provided the part is not in the end of some extremity. There is no pain in the application excepting at the very beginning, but there is a slight burning or tingling. It also completely anaesthetizes the part to which it is applied without freezing it solid.—*Modern Medical Science.*

ULCERATIVE MEMBRANOUS TONSILLITIS.—H. de Stoecklin (*Centralbl. fur Bakteriol.*, xxiv, 17) records a case having all the characters of diphtheria without presenting Loeffler's bacillus, but instead spirochetes and bacilli larger than the diphtheria organisms, broad in the center and tapering toward the extremities, and staining well with methyl violet; with Gram the bacilli stain imperfectly, while the spirochetes are decolorized. The former appear devoid of movement; the spirochetes twist and turn with great rapidity. These organisms evidently correspond to those described by Bernheim, who considers this form of tonsillitis a pathological entity distinct from diphtheria. If Loeffler's bacillus be present, Bernheim considers that the disease has been grafted upon a true diphtheria. Stoecklin, in conclusion, puts two questions which further clinical and pathological investigation must answer: (1) Is the co-existence of spirochetes and fusiform bacilli constant in and pathognomonic of ulcerative membranous tonsillitis, or are there mixed cases in which the virulent organism of diphtheria is present? (2) If so, what is the frequency of such mixed cases, and how does the presence of fusiform bacilli and spirochetes influence the diphtherial infection, therapeutic measures, and, above all, the prognosis?—*British Med. Journal.*

MATERIA MEDICA.

Edited by Edwin Jay Clark, M. D.

CYCLAMEN is very similar to Pulsatilla. They are both suited to chlorotic and anemic women and they both have some trouble with digestion and intolerance of fatty foods. The menstrual colic and irregularities are almost identical in the two drugs. The same kind of melancholy is common to both. Cyclamen may be distinguished from Pulsatilla by these symptoms : Generally, but not always, there is more thirst with the Cyclamen patient. The Pulsatilla patient feels better in the open air, the Cyclamen does not. The Cyclamen patients suffer from a peculiar kind of debility or torpidity both of body and mind, with languor. They cannot think. They are better when aroused and forced to exercise. When they get up in the morning they feel so heavy and languid that they feel as though they could scarcely go through the day's duties, but when they once get to work they go on tolerably well until night time. That is Cyclamen, and it is very much like Helonias. They suffer, too, from dullness of the senses with flickering before the eyes. You often find this in weak anaemic women. They see various colors before the eyes, very much as under Santonine. Sometimes they have half-sight. The indigestion with which they are troubled has this to characterize it : Formation of flatus which causes colic at night, forcing the patient to get up and walk about till the flatus passes and gives relief.—*Farrington.*

There are three distinct phases of whooping-cough. The ordinary catarhal period, which lasts from eight to fifteen days, is followed by a throat cough. Homoopathic medication cannot prevent the development of the disease, but it can lessen the duration and intensity of the attacks. Drosera is the remedy in the convulsive stage—it should be used in infinitesimal doses and not in the mother tincture, which is useless ; and this explains why the allopaths fail with this remedy which they have appropriated

from us. A contrast of the treatment under Homeopathy with the old school methods of anti-spasmodics and sedatives is favorable to the former. The Allopaths, no doubt, reduce the attacks with bromoform, antipyrin, belladonna in large doses, and bromides, but in doing so they depress the organism; while acting on the nerves of the heart and the organs of respiration they induce passive congestion and lead to microbic infection and broncho-pneumonia—the most formidable complication of whooping cough.—*Dr. A. Cartier in Homoeopathic Journal of Obstetrics.*

“BELLADONNA is in a degree a prophylactic of scarlatina. It will not always prevent it in all patients at all times, but there is no doubt, that it will at times keep some people free from the disease.” Dr. F. W. Barker in the *Clinique* thus sums up his results in various experiments where a part of an exposed number subjected to the prophylactic effects of belladonna showed fewer cases proportionately than the unprotected:

Crataegus is indicated in heart complications where there is “Great pallor, irregular breathing, cold extremities, pulse 120 and very weak and irregular” Earl S. Prindle, M. D., in the *Clinique*.

APIS MELLIFICA; “one ounce given to a mare would,” according to a veterinary surgeon reported by C. S. Estys, M. D., in the *Medical Visitor*, “not only produce abortion, but render her barren ever afterwards. When given for this purpose it is prescribed in one drachm doses, once or twice a day, for two or three days. It will cause a derangement of the entire system, followed by a menorrhagia. Upon female dogs it will produce abortion and also barrenness. He claims that Apis will destroy the ovaries by inflammation and thus prevents conception and even the desire to conceive is destroyed. He stated that it is a dangerous remedy to use, as in one case he came near causing the death of a handsome poodle by the long continued menorrhagia. After the poodle recovered, it remained barren. He also stated that this remedy would cure sterility if given in doses of from five to ten drops of the tincture once a day for a period of a month. So we have the two-fold action of this remedy verified

by the experience of a veterinary surgeon. Its physiological effect is to produce inflammation with hemorrhage, sterility or subacute and chronic inflammation, while in small doses it has proved curative in the same conditions."

MEPHITIS, produces a well-described hard cough, with well marked laryngial spasm and a distinct whoop. I have found in using this medicine, that it often apparently makes the patient worse, while it really tends to shorten the course of the disease. When the catarrhal symptoms are slight and the spasmodic whoop is marked, Mephitis is to be selected. The cough is worse at night and after lying down. There is a suffocative feeling; the child cannot exhale; convulsions at times ensue. It vomits its food some hours after eating. Drinks get into the larynx.—*Farringtons Clinical Materia Medica.*

Healing By Faith.

For the body's nought at all;
 Rich and poor and great and small,
 Thin and fat,
 Man is nobody; you'll note
 There is nothing in his coat
 Or his hat.

Should you lose your legs, anon,
 Never think of grafting on
 Legs of cork;
 Don't believe you're even lame,
 Put your boots on all the same,
 Rise and walk.

Never work, and ne'er be sad;
 Hunger's nothing but a fad;
 Feed the mind.
 When on nothing you are cloyed,
 If you feel a kind of void—
 Think you've dined.

—*The Critic.*

SURGICAL DEPARTMENT.

Edited by J. WYLIE ANDERSON, M. D.

Cut Throats.

By Henry W. Roby, M. D., Topeka, Kan,

[Read before the Missouri Valley Homeopathic Medical Association,
Oct. 5, 1899.]

When I was a school-boy, in Wisconsin, a good many years ago, my father came home from the village, one evening, pale and haggard, and looked more distressed, I think than I had ever seen him before. He dropped on the bed and my mother asked him what was the matter? In a trembling voice he said, "Albert Jennison has cut his throat!" She made him a cup of strong tea, and in an hour he told us of the horrifying scene he had witnessed at the Jennison residence; of the blood on the mirror, and all over the room, and of the Doctors work trying to save him. And that night we had no thought of the figure Charlie Jennison, his brother, was destined to play in after years in connection with the famous Kansas Jay Hawkers.

My father's narration, made a very profound impression on my young mind, and when I took to medicine, I always wanted to see a cut-throat, until chance brought me the opportunity, some years after. But now I have seen as many of them as I ever care to see. Such cases call for the quickest wit and the quickest work any surgeon can command. It is a race between life and death, and death frequently gets in his work before the doctor can mount his horse.

When I was invited to write a paper for this bureau, I was somewhat puzzled for a topic that I had not written on before. But, as is often the case, the exigencies of daily practice, brought me the topic with a clinical case to go with it.

On the 25, of August last, as one of our druggists was driving past a house in one of the suburbs of the city, a little boy

ran out of the house, crying, and said his mother was hurt. The young man ran into the house and saw that the woman had cut her throat with a razor. He drove rapidly to my house, a short distance away, and telephoned me. I called Dr. Swan, whose office is just across the street from mine, and together we drove as rapidly as we could to the woman's house. Arrived there, we found some neighbor women holding the woman in a chair, with her head leaning on a pillow at the foot of the bed. Her head was hanging well forward over a large pool of blood on the floor. She was cyanotic and gasping for breath, was practically pulseless, and seemed to be at the end of her life-journey.

While I spread a few instruments on a washstand at the head of the bed, Dr. Swan and the women present, placed the patient on the bed, and without waiting for any antiseptic preparations, except a dash at washing my hands, I scraped the clots from the wound, and made a dash for the bleeding artery that was pumping its contents down the wind pipe. After I got the hemorrhage under control, I found the following tissues traversed by the cut: The Integument, the superficial fascia, the Platysma Myoides, the internal fascia, the Sterno-hyoid, the Sterno-thyroid, the Omohyoid, the Thryo hyoid, and a part of the Sterno-Cleido-Mastoid muscles; The Anterior Jugular vein, both left and right Interior Thyroid veins; the Superior Thyroid artery; the External Laryngeal nerve, the Superior Cervical nerve; the Cricoid Cartilage, and all the Trachea, save a few muscular shreds at the back part of it. The Thyroid artery was spouting like a political orator trying to carry the election, and the severed veins were trying to match the artery in a generous flux. The trachea was retracted so that a large part of the blood found its way into the lungs and every inspiration was followed by a paroxysm of coughing that blew blood over everybody and everything around her. After securing the bleeding vessels, I cleared the trachea of blood, and began closing the gap. The razor had cut off the lower segment of the Cricoid cartilage, and in stitching that back, I found that I could pass my needle through the inter-cartilaginous ligament below, but above, it must go through the cartilaginous body or have no suitable

anchorage. After breaking a good stout needle in the upper segment, I managed to get a stouter one through, and closed the trachea. The closing of the remaining tissues was easy enough, muscle to muscle and fascia to fascia, and last, integument to integument, with a continuous suture.

No anesthetic was needed for the woman was in a state of syncops and collapse from loss of blood, and made little or no resistance at any time.

For twenty-four hours, she was given nutrient enemas, and after that she took liquid nourishment by the mouth, and had no serious trouble in swallowing, except such as the soreness of the tissues made. On the fifth day, an abscess developed over the trachea, probably the result of infection, from want of antiseptic preparation, before operating. It discharged four or five days and then closed.

For about ten days there was a good deal of laryngeal cough, due to the stitches, and the swelling of the mucous membrane in the trachea. On the morning of the second day, the woman woke from her delirium, and then for the first time, realized what she had done in a fit of sudden insanity, following the birth of a child a month before, and from which she had not had a good getting up.

For several days before the seizure, she had complained of serious pain in the base of the brain and the top of the head. That pain continued to trouble her four or five days after the accident, and then cleared up under the use of Gelsemium and Pulsatilla.

Looking back over the case, it is plain to be seen that this woman's life was saved by a concurrence of fortunate circumstances. She severed a sufficient number of sufficiently large blood vessels to cause death in a few minutes. But she sank into a chair and was kept in the upright position with the head hanging forward, in such a way as to restrain the flow of blood to a considerable degree, and the upright position of the body, assisted by gravity, helped in the same direction. And the syncope that she fell into after the first gush of blood, restrained the flow and slowed up the heart, and lowered the pumping force

of that organ. Had these conditions been reversed, I am quite sure I should have had a different story to tell you today'

Cut-throat, is more frequent than all other injuries of the throat combined, according to Ashurst. But I think he must be mistaken, for the Military histories of the world show cut-throats to constitute a very small part of throat injuries in the military service of any country. In our own great war, the Surgeon-General's report shows 4895 cases of gun shot wounds of the neck, and only 27 cases of cut-throat. It is a curious fact that the subjects of Queen Victoria do more throat-cutting to the 1000 of suicides than anybody else. Out of 6696 cases of suicide in England, from 1863 to 1867, 1235 were cases of cut-throat while, in France, out of 4595 suicides, only 125, were cut-throats.

Contrary to the common belief, a large majority of the throats cut with suicidal intent, get well. Would-be suicides, do not understand the anatomy of the cervical region sufficiently well to make a success of the attempt. Most of them attack the wind pipe, and hack away at that, expecting that to finish the job. A good slash into the trachea, will wind a man very promptly, but it takes the severance of important and well guarded arteries and veins, to effect a quick taking off.

The chief complications of cut throat, are ; hemorrhage, primary and secondary; emphysecma, dysphagia, and the entrance of air into a severed vein. Oedema of the glottis and a violent cough, are often associated with cut throat. While in the way of secondary complications, we may have paralysis from some severed nerve in the neck, complete or partial aphonia, necrosis of the cartilage, pyaemia, and erysipelas. There is often serious deformity of the contour and symmetry of the neck.

Gynecology and Abdominal Surgery.

Edited by S. S. SMYTHE, M. D.

Hints on Pelvic Surgery.

In pelvic inflammations and their sequences abdominal section is safer than the vaginal.

There is less danger of damage to the viscera by the abdominal route than by the vaginal and in case of injury repair is possible in the former while it is impossible in the latter.

In vaginal section it is often impossible to make a complete operation while it is always possible by the abdominal route.

The technique of abdominal section is much easier than in the vaginal operation.

In the abdominal operation, where vaginal drainage seems desirable it can easily be made a part of the operation.

The ovaries should not be removed if it be possible to save them.

In removing a diseased tube leave the ovary of that side if it be sound.

In removing cysts of the broad ligament leave the ovary whenever possible to do so.

Graafian cysts should simply be punctured with knife or cautery, and the ovary left.

Where the ovary is bound down by adhesions, try to release the adhesions without removing the ovary from its place in the broad ligament.

Diseased tubes may often be preserved by a little care; adhesions released, strictures relieved, abscesses opened and drained.

If you cannot save the whole ovary leave as much of it as possible.

S. S. S.

Dr. J. B. McClelland, Pittsburg.—Edebole claims singularly enough that with a movable or displaced kidney the appendix is

nearly always affected, that there is always pain along that region, in the right iliac region, and that when the operation for the fixation of the kidney is had, the appendix ought to be examined and, as a rule, removed. I have had two or three cases of displaced kidney to look after since my attention has been directed to this and followed the suggestion. Now in neither one of them was there any definite appearance of disease in the appendix. There had been a good deal of complaint, as there is nearly always in displaced kidney, of pain along the line of the ureter, but when the kidney in each case was fixed this pain disappeared, so I imagine that what has been attributed to an involvement of the appendix is really attributable to the prime trouble, which is the displacement of the kidney itself, which always brings with it a lot of troubles.

Some mention has been made about the probable location of the appendix. I found in one of the cases this year that the appendix, the apex of the appendix, was attached to the under side of the liver; instead, therefore, of finding it in the pelvic region always, we may sometimes find it almost anywhere else.—*Homeopathic Journal of Obstetrics and Gynecology.*

SEPIA IN DYSPEPSIA OF UTERINE DISEASES.—Dr. F. Cartier: We have in sepia a remarkable remedy for the dyspepsia of uterine and utero-vaginal affections. The characteristic indications are: profuse and permanent leucorrhœa, which may be vaginal and whitish or uterine and watery, staining the linen greatly, which apparently is due to a hypersecretion of the uterine glands. In both varieties of leucorrhœa, the thick and yellow as well as the clear, thin, and watery, sepia is indicated. This leucorrhœa, on account of its profuseness, brings about a characteristic dyspepsia, with drawing sensations in the stomach and a sort of heaviness of the organ as though it would fall from its normal position. The vision is weak and the least exertion causes headache. These three symptoms are characteristic of sepia.

Helonias dioica is a great analogue of sepia in leucorrhœa and presents very pronounced backache of uterine origin, with

heaviness in the thighs and a "sensation of a uterus." Helonias is useful to stimulate the appetite in women with uterine affections, in the first dec. dil., and sepia in the sixth to the thirtieth dec. trituration.—*Ibid.*

For "human nature's daily food" are required certain weights of nitrogen, carbon, oxygen, and hydrogen, which are ultimate forms of matter and not capable of concentration or further reduction to essential principles. An ox cannot be got into a teacup by any other process than by leaving the greater part of the animal outside. The stomach of the average man demands every 24 hours of nitrogen, about three quarters of an ounce; of carbon, about 11 ounces; of hydrogen, not quite half an ounce; besides sulphur and salts. This is required to make up for the waste—to restore what leaves his body in various shapes. Three-quarters of a pound of carbon cannot be got into less than three quarters of a pound. The nutritive effect cannot be separated from the bulk. The man must have his pound of flesh. He has to find fuel and to replace waste—charcoal to burn and nitrogen for-repairs. If he does not get the necessary poundage he will dwindle, peak, and pine. His account of profit and loss must be adjusted according to weight. A dram of Liebig's extract cannot supply more than a dram. Quality cannot supply the place of quantity.—*N. Y. Lancet.*

LACTIC ACID IN ALOPECIA—"Médicine Moderne, March 18, 1899, states that many Dutch physicians speak highly of the efficiency of lactic acid in baldness. It is used in a 33 per cent. solution, the oily matter of the hair having previously been removed by a mixture of alcohol and sulfuric ether. The acid is applied with vigorous friction until the scalp is reddened and irritated. The scalp is then dressed with vaselin. A weak application of sublimate lotion after the acid frictions might serve to prevent pustulation.

Recently it has been found that a 33 per cent. alcoholic solution of the acid is efficacious without producing an unnecessary degree of irritation.—*Medical Review of Reviews.*

Eye, Ear, Nose and Throat.

Edited by DAVID A. STRICKLER, M.D.

Hysterical Blindness. A Case.

History: Myra G. aet. 12, called first on September 27th, 1899, with the following history: When six and a half years old fell striking the back of the head on an icy pavement. The next day she had several convulsions. The convulsions continued diminishing in frequency until the seventh day when she had the last.

Six months later her mother first noticed that she held objects close to the eyes and did not seem to see clearly. Pupils dilated much of the time. Eighteen months after injury had complete blindness of both eyes lasting for three hours.

A year ago she was noticed to be nearly blind in the right eye, after which she gradually grow worse until July when she was blind of the right eye and has remained so until the present. An oculist examining her at that time diagnosed atrophy of the right disc and commencing atrophy of the left. Examination gave right eye, vision=perception of light. Left eye, vision=20 200; with cylinder=20-100. Field of vision limited to central vision. Ophthalmoscope revealed normal fundus in both eyes. Pupil reflex normal.

The little girl was found somewhat anaemic, not fully developed for her age, bright, active and of lovable disposition, with no pains, aches or complaints except occasional headaches. All direct tests give "light perception" with right; the contraction of field in left varied with different tests. With the savage-maddox double prism placed with line of bases horizontally before the left eye and looking at light fifteen feet distant she saw three lights in a vertical line the middle being equi distant from the other two, and the brightest of the three, thus proving conclusively that she could see with the right eye, though by direct tests she denied seeing with it.

After testing the left eye with the ophthalmometer and cylindrical lenses getting L. E. vision=20-100 a plus 20 D. glass placed before the eye precluding all possibility of seeing anything at 20 feet her vision remained 20-100 showing her right eye to have at least that much vision.

She was put on Cod Liver Oil with a positive statement that she would get a ravenous appetite and soon see as well with the right as with the left eye. Her appetite rapidly improved, her cheeks became rosy and her vision improved from day to day until on Oct. 11th with A. E. + 2. D. combined with + 50 cy ax. 90 her vision reached 20-20: her left with the same glass being also 20-20,—with the two eyes 20-15—A perfect result. The little girl's change in appearance was wonderful for the short time under observation.

The features of most interest in the case were the almost perfect history of injury to brain, even to the diagnosis of atrophy; the age of the patient,—it appearing earlier than we usually look for hysteria, and the rapid improvement under Cod Liver Oil plus a goodly share of confidence in her doctor's ability to cure her.

D. A. S.

"It may surprise some of our readers to learn that a college was founded in Manila before Harvard or Yale—earlier, indeed, than the common school of New England. St. Joseph's College was established in 1505, and graduated its first class in 1601. Prior to 1768 it was in charge and under the control of the Jesuits, who were made trustees of the institution by its donors at the time of its creation. When the Jesuits were expelled from Spain and its colonies, the governor-general declared the property of the college forfeited, and converted the buildings into barracks for his soldiers. An appeal being taken to the crown, the action of the governor-general was reversed, and the college placed under the control of the Metropolitan Church of Manila. At the present time this most ancient seat of learning in the new America is largely devoted to medicine and pharmacy."—*Liter-Digest.*

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.

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EDITORIAL.

The Biograph in Surgery.

The biograph, or, as the French call it, the cinematograph, is soon to become an important factor in the teaching of surgery, and the time is not far distant when students in Denver may view the operations of many of the world's greatest surgeons. To Dr. Doyen, of Paris, belongs the credit of suggesting this method of illustrating the actual work of the surgeon, and the idea is an excellent one. His first attempts in this direction were made several years ago, but the doctor found the obstacles at that time insurmountable, and the project was abandoned. These obstacles have since been overcome, and recently some very good moving pictures have been secured. The importance of this aid to the study of operative surgery can scarcely be overestimated. Many operations are difficult of description by either words or diagrams, in a way to instruct the student, but by the use of the biograph, it is possible to present every act of the surgeon in minutest detail to any number of people. Dr. Doyen says:

"Medical literature has been loaded, little by little, with useless discussions and insufficient descriptions that make it impossible for us to appreciate new methods at their proper value. Even surgeons who are able to travel and visit the principal centers of learning cannot always profit by their experience as they might desire to do."

"The unfavorable conditions in which persons who witness a great operation are situated do not enable more than fifteen or twenty of them to follow with profit the technical details that are of chief interest to them.

"Finally, it is not sufficient, if we wish to understand an operatory process, to see the operation performed by a surgeon who has studied under the originator of the process; we must be present at one or several operations performed by the practitioner who has devised the technical details; in a word, we must see the master himself. The surgeon is judged by his work, and the best illustrated publications can not reproduce the personality of the operator, which is his most important quality.

"It is with the aim of filling this regrettable need in surgical instruction that I have studied the question of cinematographical reproduction."

Dr. Doyen made his first demonstration of teaching surgery by the use of the cinematograph before the members of the British Medical Association in 1898, and the method received the endorsement of those present. Since then he has made many successful illustrations of the surgeon at work in the operating room.

So far as we can judge, the method is a complete success and must soon become one of the essential means of teaching surgery in all up-to-date medical colleges.

The advantages to the student are manifold. By means of these biograph pictures he may be made familiar with the work of noted surgeons everywhere, instead of at present, merely listening to the lecture and witnessing the operations of his professors. The benefits are not alone to the student, but teachers and operators may learn much of each other's peculiarities in technique. By the same means, operators could see their own errors and improve their methods. The system might also be made a means of informing and interesting the public in regard to surgical procedures without in any way trespassing upon the rights or sensibilities of patients.

As Dr. Doyen suggests, the preservation of these films would form a pictorial history of surgery of lasting interest and importance.

Our Policy.

It must be conceded by all who are familiar with the course of THE CRITIQUE that it has never faltered in the support of Homeopathy and Homeopathic institutions. While its publication has always been a private enterprise, the sole aim and purpose of the journal has been the advancement of the cause of Homeopathy in Colorado. In the splendid work that has been done in the past, THE CRITIQUE can justly claim an important part. We have labored unselfishly and at no inconsiderable expenditure of time and money, to establish on a solid foundation a reputable college and hospital. The results have been patent to all.

Now, at the close of our sixth year, we take this occasion to reaffirm our devotion to Homeopathy and its institutions, and to declare anew our purpose to defend them against all assailants of whatever kind or character. If we find it necessary to criticise individuals it will be because of the principles involved, and not because of the individual. In the composite character of institutional work the individual is but a part of the whole. If, for any reason, a part becomes inimical to the welfare of the whole, it should either be restored to usefulness or lopped off, as circumstances may demand. Such has been and will continue to be the attitude of THE CRITIQUE. In the great work yet to be done for Homeopathy in Colorado, we stand ready to aid and abet the efforts of all who unselfishly labor for the cause. With equal readiness, we shall make vigorous protest against everything which makes against Homeopathic progress. Our columns are always open to any one having something of interest to communicate to the profession. THE CRITIQUE has a wide circulation, and our contributors will find appreciative readers in all parts of the world.

That the People May Know.

The attention of THE CRITIQUE has been called to the following "ad." which appeared in the Official Program of the Festival

of Mountain and Plain and State Fair, held in Denver, September 25-30, 1899:

"CURE FOR DRUG HABITS."

"Appetite For Whiskey, Morphine and Tobacco Eradicated within Ten days. No Publicity. No extensive Board Bills. Inquire, 1441 Stout Street."

Inasmuch as the occupant of 1441 Stout Street happens to be president of a certain Western Medical College (Shade of Hahnemann forgive), we are permitted to draw conclusions: The advertisement is after the usual style of the quack in bringing his wares to the attention of the public. When the business of the president of a medical college gets to such a pass that it becomes necessary to resort to advertising, it is about time, for the sake of the standing and welfare of the institution and the protection of the students, to demand his resignation.

As a protest against this and similar irregular, illegal and unethical procedures by the same individual, four members of the faculty have sent in resignations.

This may prove interesting reading to officers and members of the A. I. H., since one of the requirements on joining this body is to agree not to advertise any nostrum or secret cure. It is an unwritten law in the profession that when a physician discovers (or buys) a new remedy or method of curing, he is bound to give it to the profession for the sake of humanity, or bear the odium of being a quack. Failing to do so, he is usually tried by his State and local societies and expelled for unprofessional conduct.

"O wad some power the giftie gie us,
To see oursels as others see us!
It wad frae monie blunder free us,
And foolish notion."

I wish to advocate a determination of the right and left borders of the heart by their distance from the median line because it is a more accurate method than the one now generally used of designating its left border by reference to the nipple and its right border by reference to the sternum. In women the nipple line is too indefinite to be considered, and in men the

position of the nipple may vary in its distance from the median line by more than an inch, or, as tests show, by one and three-eighths inches. Such a variation in the size of the heart as this might mean serious disease. The statement that the left border of the heart is a little inside the nipple line would not strike us so forcibly as if we were told that it was an inch further to the left than in health. Moreover, if we determine the right border of the heart as so many inches to the right of, and the left border as so many inches to the left of, the median line, we determine not only how much it is to the right or to the left, but by adding the two quantities together we readily get the total width of the heart. The width cannot be obtained so accurately when the right border is determined with reference to the sternum, and the left border with reference to the nipple.—*Francis H. Williams, M. D., Boston.*

A Chicago Druggist Convicted of Substitution.

A decision of great importance was recently made by Judge Kohlsatt, of Chicago, in the U. S. Circuit Court. Fairchild Bros. & Foster, in an injunction suit against Edward Otto, charged with substituting a spurious and inferior preparation for Fairchild's Essence of Pepsin in many cases where the latter was expressly called for in prescriptions. The court's decree sustained the charges, perpetually enjoined the defendant from repeating the offense, and taxed him with the costs of the suit which amounted to over \$500. This is said to be the first contested case in the United States, in which the principle of protection to trade-marks and trade names was extended so as to apply to what is technically known in the drug business as "substitution." Judge Kohlsaat's decision will probably protect manufacturing chemists, physicians and the general public, all of whom have in the past suffered from these fraudulent practices of a certain class of druggists.

Notes and Personals

Conditions at the hospital show decided improvement under the new superintendent.

THE CRITIQUE has a letter from Dr. D. Kinsloe from his home in Pennsylvania. The doctor states that he is going to take a post graduate course and will then return to Colorado and locate.

Drs. C. E. Tennant and Geo. E. Brown held the autopsy upon Jacob Uhl, about whom there is so much trouble at the County Hospital. The efficient manner of holding the autopsy and their report of the same reflects great credit upon both doctors.

Dr. J. B. Hershey, formerly of Falls City, Nebraska, has located at Cripple Creek, and has offices in the Safety Deposit Building. Dr. Hershey is an experienced physician and surgeon and we predict for him great success in his new field.

Dr. May O. Langley has offices at Plymouth Place, corner of Broadway and Sixteenth Avenue.

Dr. Le Monde seems to be championing the cause of the County Hospital in its present alleged trouble. That's right, let the whole truth be known. Such reports hurt hospitals of all kinds.

The maintenance of a high-grade Homeopathic College in Denver is one of the needs of our time, and all the wisdom of all the Colorado profession is necessary to its accomplishment. Irregular, illegal and political methods must be abandoned if we would save from utter ruin the grand work already done.

"The sooner Homeopathy is cleared of "serum" and all other old school abominations the better."—*Homeopathic Recorder*.

Dr. Lee of Rochester, N. Y. has now his own private hospital. It is said to be elegantly furnished and most complete in all its appointments.

A sailor smuggled a large quantity of tobacco which he kept underneath his shirt next his skin. A sufficient amount of the nicotine was absorbed to seriously poison the sailor.

The authorities made no mistake in seeking the retirement of the former superintendent of the Denver Homeopathic Hospital. If another resignation from the same source were secured it would lighten the burdens of the faculty and board of directors. The Boer Aguinaldo Wheels policy is a failure.

Mrs. C. W. Enos is ill of typhoid fever, she is in the third week and is reported doing nicely.

A committee of The American Institute has arranged a series of 5 European Tours all timed to be in Paris for the meeting of the International Homeopathic Congress July 18-21, 1900. These tours vary in duration from 80 days to 37 days and correspondingly in price from \$635.00 to \$270.00. They will be under the management of Dr. Howard S. Paine and full information may be secured by addressing Dr. John B. Garrison, No. 111 East 70th Street, New York, N. Y.

College Chips.

Dr. F. F. Laird of Utica, N. Y., visiting Denver for his health, has kindly consented to give the students at the College a couple lectures on "Practicalities in Medicine."

Dr. J. M. Walker of Denver, has graciously accepted an invitation of the faculty to give a few lectures on "Official Surgery" to the Junior and Senior classes.

Prof. J. W. Harris's Monday Surgical clinics are greatly appreciated by all who attend them, both physicians and students.

Dean Willard has been recently presented by the Junior and Senior classes, with a very neat and unique booklet, the reproduction of two or three lectures delivered by him on request of the class, on "How to Fill the Medicine Case." The booklet is the work of Mr. Woodworth and his typewriter. The Dean is naturally much pleased at the appreciation of his lectures.

Dr. A. C. Stewart has made friends of the Freshman and Sophomore classes by his graphic and enthusiastic method of teaching physiology.

Prof. King has been making a special effort to give the Sophomore's some clinical advantages with the double purpose of fixing their interest in the study of disease, and of preparing them for the didactic work in his branch next year.

The clinics both at the College and the Tabernacle are building up nicely so that professors and students alike are pleased at the progress in these fields.

How Aseptic Vaccine is Prepared.

In a recent illustrated article which appeared Therapeutic notes Messrs. Parke, Davis & Co., describe their methods of producing the well known Glycerinated vaccine. Lack of space precludes a reproduction of the illustrations, but the following excerpts will be found interesting and instructive:

THE ANIMAL.—We use only the healthy heifer about eighteen months old. The animal is first carefully examined by our Veterinarian, Dr. E. A. A. Grange (formerly Michigan State Veterinarian, for any evidence of disease, external or internal. A ring-worm on a heifer is enough to condemn it. *The Tuberculin test is applied in every case*, and any heifer which exhibits a suspicious rise of temperature is rejected.

When the animal is finally pronounced to be in perfect health, it is scrubbed from head to foot and taken into the Operating Room—a large, high chamber, with cement floor and varnished walls susceptible of ready cleansing and disinfection. Here, with the aid of a convenient apparatus, the heifer is placed on its back ; the abdominal surface is thoroughly lathered, washed, and shaved, and is then scrubbed once more with sterilized water ; it is then washed thoroughly with a disinfectant solution ; and after a final washing with sterilized water, the abdomen is ready for

SCARIFICATION.—This is performed quickly with sterilized instruments. The "Seed" vaccine is applied, rubbed in thoroughly, and permitted to dry. The "field of operation is then covered with an *aseptic and impenetrable* cement which effectually excludes germs. Over the cement we place a layer of absorbent cotton, and over the cotton a protective bandage.

COLLECTING THE VIRUS.—After about five days the heifer returns to the Operating Room. The hoofs are carefully cleaned, and the various cleansing operations described above as preliminaries to inoculation are now *repeated*.

The dressings are removed ; the whole field of operation is cleansed with sterilized water and disinfectant solution ; and the external scab is removed and destroyed.

The pulp of the vaccine vesicles with exuding serum is now carefully collected with sterilized spoon curettes and placed in sterilized containers filled with glycerin.

MANIPULATION OF THE LYMPH.—The vaccine is now brought to our Biological Laboratory, and is run through sterilized grinders until *homogeneous mixture* is obtained. The requisite amount of diluent is added, and the mixture is shaken for several hours in a specially devised shaking apparatus in order to make a perfect emulsion.

SEARCHING SCRUTINY OF THE FINISHED PRODUCT.—The vaccine is now examined *bacteriologically and physically and physiological-ly*. Every single parcel of our vaccine is tested on heifers before we permit it to go out on the market under our label. And in the great majority of cases our vaccine is tested for activity on children as well.

If our test requirements are fulfilled, it is filled by skilled operatives into sterilized tubes, in an Aseptic Room especially designed for the purpose. Each tube is examined to satisfy us that both ends are absolutely closed.

PROPER STORAGE OF VACCINE STOCK.—The sealed tubes are at once placed in a refrigerator and kept there until needed for orders. We aim to send out only strictly fresh vaccine, and our stock is changed every week. The proper storage of vaccine by our patrons is of the utmost importance. Vaccine is a most delicate and perishable product. *Keep it in a cool dark place* (best of all, in a refrigerator), and by all means avoid exposing it for any length of time to a temperature above 70° F. During warm summer weather vaccine deteriorates very fast.

THE "SEED" VACCINE.—This is, of course, the corner-stone of our process: and we insure its activity by our stringently careful preservation and by frequent tests.

WHAT THE TRUE VACCINIA VESICLE LOOKS LIKE.—Pray, remember that the so-called vesicle is the *only reliable indication* that the vaccine has "taken." *There is absolutely no other proof for or against the vaccine.* A hole in a man's arm half an inch deep—a scar two inches long—proves nothing (except that infection more or less serious has occurred), and neither one affords any guarantee of protection against smallpox. On the other hand, Jenner himself declared that a full measure of such protection is imparted by a single vesicle. The latter varies in size, but is usually *umbilicated* or depressed in the center. At one stage in its growth the vesicle is filled with pearly-gray matter. Often it is small and escapes observation. *Pure vaccine ought to produce only a mild reaction.* Violent symptoms, local or constitutional, point to infection, either from the vaccine itself or through careless exposure of the wounded arm *after vaccination.*

Book Review.

POCKET-BOOK OF MEDICAL PRACTICE. Including Diseases of the Kidneys, Skin, Nerves, Eye, Ear, Nose and Throat, and Obstetrics, Gynecology, Surgery by Special Authors. By Chas. Gatchell, M. D., Author of "Key-Notes of Medical Practice;"

Professor of Diseases of the Chest and Physical Diagnosis in the Chicago Homeopathic Medical College. Chicago: Era Publishing Co. 1899.

We congratulate Dr. Gatchell on his success in condensing into a handsome pocket volume, so much useful information concerning diseases and their treatment. For the beginner, or one of limited experience, this little book will be found invaluable. It is a most complete outline of medicine, surgery, gynecology and obstetrics, by which the memory may be refreshed in a moment's time. It is very thorough, practical and strictly up-to-date in etiology, pathology and treatment. The section devoted to bacteriology, dietetics, artificial feeding, lavage, gavage, baths, disinfectants, antidotes to poisons, etc., is very instructive and important. The book should command a large sale.

BOTANICAL MATERIA MEDICA AND PHARMACOLOGY. Drugs considered from a Botanical, Pharmaceutical, Physiological, Therapeutical and Toxicological Standpoint. By S. H. Aurand, M. D., Lecturer on Botany, Pharmacology and Physiological Materia Medica, and Instructor in Medicine in The Chicago Homeopathic Medical College of Chicago. P. H. Mallen & Co., Chicago, Publishers. 1899.

This new work supplies a long felt want in our school, and ought to meet with a hearty reception from the profession. The author has compiled and arranged in systematic form, a mass of important information about one hundred and thirteen of our most useful medicinal plants. Heretofore this information existed only in fragments, scattered through many volumes, but now we have a book which gives to teacher and student a summary of facts highly essential to every beginner in Materia Medica.

The arrangement is clear and comprehensive. *First:* A botanical outline of the drug—series, class, sub-class, division, natural order, genus, species, common name. Then follows a description of the tree or plant; habitat; history; part used; formula for making tincture; how to make second dilution; medication recommended; nerve centers acted upon; condition of mind; therapeutic range; range of physiological dose; treatment for poisoning; antidotes.

No teacher or student of Materia Medica, should be without this valuable work, while all practitioners will find it an important aid in study and reference. The publishers have done their work well, and have produced a clean, well-bound volume of over four hundred pages.

Things to Remember.

THE CRITIQUE has the largest circulation of any medical journal published in the State of Colorado.

THEY WOULD LAUGH—If a man should wear his pantaloons so long that whenever he appeared on the street he would be obliged to reach around behind and grab hold of the basement and hold them up, wouldn't the ladies laugh?—*Lowville (N. Y.) Journal*.

The great excitement attending the alleged brutal treatment and death of one Jacob Uhl, at the county hospital, where he was taken on the 25th ultimo and died on the 27th, his trouble being acute mania, more than ever emphasizes the fact that institutions that are run by individuals instead of being subject to political changes are greatly to be preferred. An ideal institution for the care and treatment of mental and nervous diseases is Givens' Sanitarium of Stamford, Conn. The cottage system is adopted, and it is designed to combine all the comforts of a quiet, pleasant home. Read "ad" on fourth cover, page.

NOT YET AWHILE—"There is the horseless carriage," she said thoughtfully.

"Yes," he admitted.

"And wireless telegraphy?"

"Yes."

"And chainless bicycles?"

"Yes."

"I wonder," she said with a sigh, "if it ever will come to armless courtship."

Then he hastened to reassure her.—*Chicago Post*.

"The greatest therapeutic discovery of the age, and of the ages, is that where we cannot produce good blood we can introduce it;" this applies to any and all cases where there is an impoverished condition of the blood, from whatever cause, and the remedy is Bovinine.

I have tested Bromidia in case of chorea; girl aged ten years. Very obstinate. Succeeded in controlling it admirably with Bromidia. I consider it the best remedy in that trouble.

JOHN WELCH, M. D.

LENA, IND., January 25, 1899.

Lytol, is a perfect antiseptic ointment for surgical uses. Prepared only for the medical profession. See advertisement.

Young Doctor—Patient out here wants to be operated on for appendicitis, but I don't believe he can stand it.

Old Doctor—Well, I suppose we can operate on him for something cheaper.—*Detroit Journal*.

The Colorado Road is the best line between Denver, Colorado Springs, Pueblo, Trinidad, Leadville and Cripple Creek. For particulars write to T. E. Fisher, G. P. A., Denver, Colo.

Do not forget that "Hay There" is none other than G. H. Hunsander, 2255 Larimer Street, 'phone 747, who will supply you with hay, grain, coal, wood.

THE KNOWING COW—Fair Maiden (a summer boarder)—How savagely that cow looks at me.

Farmer Hayseed—It's your red parasol, mum.

Fair Maiden—Dear me! I knew it was a little bit out of fashion, but I didn't suppose a country cow would notice it.—*Tid-Bits*.

The Burlington Route is spending between six and seven million dollars in improving its lines, making it the smoothest, safest, solidest track in the western states. Flying trains for the east leave Denver at 2:50 and 10:30 P.M. daily. G. W. Vallery, General Agent, 1039 Seventeenth Street, Denver, Colo.

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a wide-spread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

"Who was the greatest financier ever known?"

"Noah; because he floated his stock when the world was in liquidation."—*New York Press*.

Pepto-Mangan ("Guide") is a scientific combination of iron and manganese, and is ready for quick absorption and rapid infusion into the circulating fluid, hence is invaluable in anemia, chlorosis, Bright's disease, neurasthenia, etc. See "ad." in this journal.

A Mississippi woman fell into a mill-dam, and when she was rescued a ten-pound catfish was found entangled in her wire bustle. Her husband wanted to set her again, but she would not consent.—*Norristown Herald*.

W. H. Lauth, 1619 Curtis, keeps everything needed by the physician and surgeon, surgical instruments, oxygen gas, trusses, batteries, etc.

Eskay's Albumenized Food is an ideal diet for infants, in fact it nourishes from infancy to old age. Best known food in any stomach trouble, no matter what it is.

"Don't touch me," said the chrysanthemum, as it leaned away from the rose.

"It would be foolish to attempt it," replied the rose. "It's a well-known fact that you haven't got a scent."—*Chicago News*.

Marchand's Eye Balsam is just the thing to apply to the inflammation of the eyes, resulting from the dust storms so prevalent in Colorado at this time. Read all about it elsewhere.

We call your attention to the advertisement of the Homeopathic Pharmacy, 622 Sixteenth Street, Denver, Colo.

The progressive up-to-date R. R. is the D. & R. G. The equipment is first-class, the road-bed unsurpassed. It takes you to all the principal mountain towns. For particulars write S. K. Hooper, G. P. & T. A., Denver, Colo.

A certain teacher was trying to impress on the class the lesson of Washington's Birthday, and among other questions she asked:

"If the Southern Confederacy had succeeded, what would Washington have been the father of?

"Twins," was the prompt reply of one of the boys.

Dr. F. E. May, Bloomington, Ill., will tell you how to cure your Goitre patients. Enclose a 2-cent stamp for particulars.

When in need of plumbing do not forget T. J. White, 1543 Champa Street.

Hospital Physician (with a view to diagnosis)—What do you drink?

New Patient (cheering up at the proposal)—Oh, sir!—thank you, sir—whatever you—I leave that to you, sir.—*London Punch*.

Geo. Ady, General Agent the U. P., 941 Seventeenth Street, Denver, will give you all the particulars about the way to save time in traveling east or west in the finest trains running out of Denver. Call or write; no trouble to furnish information.

McIntosh Battery and Optical Co., 521 Wabash Avenue, Chicago, Ill. Write for catalogue giving description of new apparatus, new prices, etc.

"THE COLORADO ROAD"

is the best line between
Denver,
Colorado Springs,
Pueblo,
Trinidad,
Leadville and
Cripple Creek.



It also reaches a majority of the scenic and resort points of the State. If contemplating a trip, no matter in what direction, consult an agent of THE COLORADO ROAD, or write

T. E. FISHER,

GENERAL PASSENGER AGENT,
DENVER, COLO.

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